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| Fill in this information to identify your case: | | |
|---|--|--------------------------------------|
| United States Bankruptcy Court for the : | | |
| NORTHERN District of ILLINOIS (State) | | |
| Case Number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: | Identify Yourself | | |
|--|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your f | full name | | |
| govern identifi your di passpo Bring y | he name that is on your nament-issued picture cation (for example, river's license or ort). your picture cation to your meeting | Johnta First name Antione Middle name Montgomery Last name | Marquita First name Yvette Middle name Montgomery Last name |
| | e trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| | her names you used in the last 8 | First name | Marquita First name |
| Include | e your married or n names. | Middle name Last name | Middle name Benson Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| your S numbe Individ | the last 4 digits of Social Security er or federal Jual Taxpayer Tication number | XXX - XX - <u>8620</u> OR | XXX - XX - <u>8656</u> OR |
| idelitii | ication number | 9 xx - xx | 9 xx - xx |

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Document Montgomery Johnta Antione Debtor 1 Case Number (if known)

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---|---|---|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names as doing business as name. | Business name Business name | Business name Business name EIN EIN |
| 5. Where you live | 7342 S. Woodlawn | If Debtor 2 lives at a different address: Number Street |
| | Chicago IL 60624 City State ZIP Code COOK County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. 631 S Tripp Number Street P.O. Box Chicago IL 60624 City State ZIP Code | City State ZIP Code County If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. 631 S Tripp Number Street P.O. Box Chicago IL 60624 City State ZIP Code |
| 6. Why you are choosing this district to file for bankruptcy. | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408 | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408 |

Case 18-03867 Doc 1 Filed 02/13/18 Entered 02/13/18 12:31:11 Desc Main Document Page 3 of 65 Johnta Antione Montgomery Case Number (if known) Debtor 1 Part 2: **Tell the Court About Your Bankruptcy Case** Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals The chapter of the Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file ☐ Chapter 7 under ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to

pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

Have you filed for bankruptcy within the last 8 years?

| П | No |
|---|----|
|---|----|

 $_{\text{District}} \ \ \text{NDIL}$ When ____03/31/2015 Case Number _____ 15-11714 MM / DD / YYYY District None __ When ___ __ Case Number ___ MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate?

|--|

Yes. ______ When _____ Case Number, if known _____ MM / DD / YYYY

Debtor _ Relationship to you _ ____ When ___ District _ Case Number, if known ____

MM / DD / YYYY

MM / DD / YYYY

11. Do you rent your residence?

☐ No.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

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Johnta Antione Document Montgomery

Debtor 1

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Case Number (if known)

| 2. | Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a | ■ No. □ Yes. | Go to Part 4. Name and location of b | ousiness | | | | |
|-----|---|-----------------|--|-----------------|-------------------|-----------------|-------|------------|
| | business you operate as an individual, and is not a separate legal entity such as | | Name of business, if any | | | | | |
| | a corporation, partnerhsip, or LLC. If you have more than one sole proprietorship, use a separate sheed and attach it | | Number Street | | | | | |
| | to this petition. | | City | | | | State | Zip Code |
| | | | Check the appropriate | box to descri | be your business | S: | | |
| | | | ☐ Health Care Busi | ness (as defir | ned in 11 U.S.C. | § 101(27A)) | | |
| | | | ☐ Single Asset Rea | l Estate (as d | efined in 11 U.S. | .C. § 101(51B)) | | |
| | | | ☐ Stockbroker (as o | defined in 11 l | J.S.C. § 101(53A | ٨)) | | |
| | | | ☐ Commodity Broke | er (as defined | in 11 U.S.C. § 1 | 01(6)) | | |
| | | | ☐ None of the abov | е | | | | |
| | For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D). | _ | am filing under Chapter the Bankruptcy Code. I am filing under Chapter Bankruptcy Code. | | | | - | |
| Par | t 4: Report if You Own or Ha | ve Any Hazard | ous Property or Any Prop | erty That Nee | ds Immediate At | tention | | |
| ١. | Do you own or have any | No. | | | | | | |
| | property that poses or is alleged to pose a threat of imminent and | Yes. | What is the hazard? | | | | | |
| | indentifiable hazard to public health or safety? | | | | | | | |
| | Or do you own any | | | | | | | |
| | property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | If immediate attention is | needed, why | is it needed? | | | |
| | triat needs digent repairs? | | \\/\i= 4b= | | | | | |
| | | | Where is the property? _ | Number | Street | | | |
| | | | | | | | | |
| | | | | City | | | Stat | e ZIP Code |
| | | | | | | | | |

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Johnta Debtor 1

Antione

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Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| _ |
|---|
| I am not required to receive a briefing about |
| credit counseling because of: |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of: |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-03867 Entered 02/13/18 12:31:11 Filed 02/13/18 Doc 1

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Document Montgomery Johnta Antione Debtor 1 Case Number (if known)

| Pa | rt 6: Answer These Questions | for Reporting Purposes | | |
|-----|--|--|---|---|
| 16. | What kind of debts do you have? | as "incurred by an individual particle." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily money for a business or investing the second seco | consumer debts? Consumer debts are deformarily for a personal, family, or household provided by the consumer debts are debts business debts? Business debts are debts street or through the operation of the business we that are not consumer debts or business debts. | s that you incurred to obtain |
| 17. | Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | apter 7. Go to line 18. er 7. Do you estimate that after any exempt pi s are paid that funds will be available to distrib | |
| 18. | How many creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000 |
| 19. | How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | ☐ \$1,000,001-\$10 million ☐ \$10,000,001-\$50 million ☐ \$50,000,001-\$100 million ☐ \$100,000,001-\$500 million | ☐\$500,000,001-\$1 billion ☐\$1,000,000,001-\$10 billion ☐\$10,000,000,001-\$50 billion ☐More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | □ \$0-\$50,000 ■ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million | ☐ \$1,000,001-\$10 million ☐ \$10,000,001-\$50 million ☐ \$50,000,001-\$100 million ☐ \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Pa | rt 7: Sign Below | | | |
| For | you | orrect. If I have chosen to file under Chapt of title 11, United States Code. I un under Chapter 7. If no attorney represents me and I of this document, I have obtained and I request relief in accordance with the I understand making a false statem with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and | ntgomery 🗶 /s/ M | e, under Chapter 7, 11,12, or 13 ter, and I choose to proceed ot an attorney to help me fill out b). ecified in this petition. or property by fraud in connection o to 20 years, or both. |
| | | Signature of Debtor 1 Executed on 02/05/2018 | Execu | ture of Debtor 2 ted on02/05/2018 |

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Debtor 1 Johnta Antione Montgomery Case Number (if known)

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Christopher Michael Dyer | Date | Date: 02/07/2 | 018 |
|----------------------------------|-------------|-------------------|-----------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY | / |
| Christopher Michael Dyer | | | |
| Printed name | | | - |
| Geraci Law L.L.C. | | | |
| Firm name | | | _ |
| 55 E. Monroe St., #3400 | | | |
| | | | _ |
| Number Street | | | - |
| | | 60603 | - |
| Chicago | L | 60603 | - |
| | IL State | 60603 ZIP Code | - |
| Chicago | State | | - acilaw.com |
| Chicago | State | ZIP Code | - acilaw.com |

| Fill in this information to identify your case: | | | | | |
|--|------------|-------------|------------|--|--|
| Debtor 1 | Johnta | Antione | Montgomery | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Marquita | Yvette | Montgomery | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State) | | | | | |
| Case Number | | | | | |
| (If known) | | | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Summarize Your Assets | |
|--|--------------------------------------|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | <u> </u> |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ 29,800 |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | \$ 29,800 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$40,174 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$4,612 \$42,557 |
| | |
| Part 3: Summarize Your Liabilities | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$3,739.34 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$2,844.00 |

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Debtor 1 Johnta Antione

Document Montgomery

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\$_35,241.00

First Name Middle Name Last Name **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$ 4,711.44 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) \$ 4,612.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) $_{-}0.00$ 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) \$ 30,629.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as \$ 0.00 priority claims. (Copy line 6g.) \$ 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

| Fill in this in | formation to identify yo | | | Entered 02/13/18 12:33 | 1:11 Desc | Main | |
|---|---|---|--|--|---|-----------------|--------------|
| FIII III UIIS IIII | iormation to identity yo | ur case and this in | iling. | 0 of 65 | | | |
| Debtor 1 | Johnta | Antione | Montgomery | | | | |
| | First Name | Middle Name Yvette | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | Marquita First Name | Middle Name | Montgomery Last Name | | | | |
| | | | | | | | |
| United States | Bankruptcy Court for the : _ | <u>NORTHERN</u> Disti | rict of <u>ILLINOIS</u> (State) | | П. | | |
| Case Number (If known) | | | | | _ | Check if this i | |
| | orm 106A/B | | | | c | mended filin | y |
| | <u>онн 1007/Б</u> е А/В: Prope i | r4v, | | | | | 12/15 |
| n each category ategory where esponsible for ages, write you | y, separately list and de you think it fits best. Be supplying correct infor ur name and case numb | escribe items. List e as complete and mation. If more sp per (if known). Ans | accurate as possible. If two mar ace is needed, attach a separate | its in more than one category, list the rried people are filing together, both sheet to this form. On the top of any e an Interest In | are equally | | |
| No. Yes. | Describe | | n any residence, building, land, o | | | | |
| you have at | tached for Part 1. Write | that number here | | > | • | | \$0.00 |
| Part 2: | Describe Your Vehicles | | | | | | |
| No. Yes. | trucks, tractors, sport | • | | | | | |
| | lake: lodel: | <u>Chevrolet</u> <u>Malibu</u> | Who has an interest in the property Debtor 1 only | the a | not deduct secured claim amount of any secured c ditors Who Have Claims | laims on Schedu | ıle D: |
| Y | ear: | 2012 | Debtor 2 only | | ent value of the | Current valu | |
| А | pproximate Mileage: | 50,000 | Debtor 1 and Debtor 2 only | | e property? | portion you | own? |
| O | ther information: | | At least one of the debtors a | and another | 8,600.00 | \$ | 4,300.00 |
| | 2012 Chevrolet Malibu wi niles | ith over 50,000 | Check if this is commun instructions) | nity property (see | | | |
| M | lake: | Chevrolet | Who has an interest in the pr | | not deduct secured claim | | |
| N | lodel: | Impala | Debtor 1 only | | amount of any secured o ditors Who Have Claims | | |
| Y | ear: | 2015 | Debtor 2 only | Curre | ent value of the | Current valu | e of the |
| А | pproximate Mileage: | 30,000 | Debtor 1 and Debtor 2 only At least one of the debtors a | | e property? | portion you | own? |
| O | Other information: | | At least one of the deptors a | \$ | 18,350.00 | \$ | 18,350.00 |
| | 2015 Chevrolet Impala wi | ith over 30,000 | Check if this is commun instructions) | nity property (see | | | |
| Examples: No. Yes. | Boats, trailers, motors, personers Describe lar value of the portion y | onal watercraft, fishing | ecreational vehicles, other vehic g vessels, snowmobiles, motorcycle ac your entries fro Part 2, including | ccessories any entries for pages | | | \$ 22,650.00 |

Johnta

Case 18-03867

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Last Name

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Desc Main

First Name

Middle Name

| | Part 3: | Describe Your Pe | rsonal and Household Items | | |
|-----|------------------------------------|--|--|--|------------|
| Do | you own o | r have any legal | or equitable interest in any of the following items? | Current value of portion you own Do not deduct sector exemptions | n? |
| 06. | | d goods and furi | - | | |
| | Examples: | Major appliances, | rurniture, linens, china, kitchenware | | |
| | Yes. | Describe | Furniture, linens, small appliances, table & chairs, bedroom set \$1,000 | ¢ | 1,000.00 |
| 07. | Electronic | s | | Ψ | 1,000.0 |
| | | | dios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games | | |
| | Yes. | Describe | | | |
| | _ | | Flat screen TV, computer, printer, music collection, cell phone \$750 | \$ | 750.00 |
| 08. | Collectible | | | | |
| | | | nes; paintings, prints, or other artwork; books, pictures, or other art objects; collections; other collections, memorabilia, collectibles | | |
| | Yes. | Describe | | \$ | 0.00 |
| 09. | | t for sports and | | | |
| | | | nic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes nusical instruments | | |
| | Yes. | Describe | | ¢ | 0.00 |
| 10. | Firearms Examples: | Pistols, rifles, shot | guns, ammunition, and related equipment | <u> </u> | |
| | Yes. | Describe | | \$ | 0.00 |
| 11. | Clothes Examples: | Everyday clothes, | furs, leather coats, designer wear, shoes, accessories | · <u> </u> | |
| | Yes. | Describe | Everyday clothes, Winter Coats, shoes, accessories \$250 | \$ | 250.00 |
| 12. | Jewelry Examples: gold, silver No. | | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | | |
| | Yes. | Describe | Everyday jewelry, costume jewelry, wedding rings \$500 | e | 500.00 |
| 13. | Non-farm Examples: | animals Dogs, cats, birds, l | norses | 4 | |
| | Yes. | Describe | Pet Dog \$0 | s | 0.00 |
| 14. | Any other No. | personal and ho | busehold items you did not already list, including any health aids you did not list | * | |
| | Yes. | Describe | Books, CDs, DVDs & Family Photos \$150 | ÷ | 150.00 |
| 15. | Add the do | ollar value of all | of your entries from Part 3, including any entries for pages you have attached | \$ | |
| | | | er here> | | \$2,650.00 |
| | | | | | |

Johnta

Case 18-03867

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Montgomery
Document
Last Name Doc 1

Desc Main

First Name

Middle Name

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| | Part 4: | escribe Your Fil | nancial Assets | | |
|-----|----------------------------------|--|---|---|-------------------------------------|
| | you own or | Current value of the portion you own? Do not deduct secured claims or exemptions | | | |
| 16. | Examples: No. Yes. | Money you have in | n your wallet, in your home, in a saf | fe deposit box, and on hand when you file your petition | |
| 17. | | Checking, savings | s, or other financial accounts; certific If you have multiple accounts with th | cates of deposit; shares in credit unions, brokerage houses, the same institution, list each. | \$ <u>0.0</u> 0 |
| 18. | Yes. Bonds, mu | Describe tual funds, or p | Account Type: Checking Account Other financial account | Institution name: PNC Bank Pre-paid Debit Card | \$ 100.00 \$ 100.00 \$ 200.00 |
| | Examples: B No. Yes. Non-public | Bond funds, inves | tment accounts with brokerage firms Institution or issuer name: | d and unincorporated businesses, including an interest in | \$ <u>0.0</u> 0 |
| 20. | Negotiable i Non-negotia | instruments includ | le personal checks, cashiers' check | of Ownership: e and non-negotiable instruments ks, promissory notes, and money orders. meone by signing or delivering them. | \$ <u>0.0</u> 0 |
| 21. | | Describe or pension acconterests in IRA, E | | savings accounts, or other pension or profit-sharing plans | \$ <u>0.0</u> 0 |
| 22. | Your share Examples: A | Agreements with I | osits you have made so that you ma | ay continue service or use from a company es (electric, gas, water), telecommunications | \$0.00 |
| 23. | Annuities (No. Yes. | Describe A contract for a Describe | | to you, either for life or for a number of years) | \$ <u>0.0</u> 0 |
| 24. | | | (b), and 529(b)(1). | ed ABLE program, or under a qualified state tuition program. ion. Separately file the records of any interests 11 U.S.C. § 521(c): | \$ <u>0.0</u> 0 |
| 25. | _ | | | than anything listed in line 1), and rights or powers | \$0.00 |
| 26. | Examples: I | nternet domain na | emarks, trade secrets, and other mes, websites, proceeds from royal | | \$0.00 |
| | Yes. | Describe | | | \$0.00 |

Johnta

Case 18-03867

Doc 1

Desc Main

| Circl Manage | | |
|--------------|--|--|

Middle Name

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Document Page 13 of 65 by Physics (if known)

| 27. | | | other general intangibles | | |
|-------|---------------|--|--|---|--------|
| | | Building permits, ex | cclusive licenses, cooperative association holdings, liquor licenses, professional licenses | | |
| | No. | | | 7 | |
| | Yes. | Describe | | | 0.00 |
| | | | | \$ | 0.00 |
| Mai | 201/ 05 0500 | orty awad to you | .2 | Current value of the | |
| IVIOI | iey or prop | erty owed to you | 11 | | |
| | | | | - | claims |
| | | | | or exemptions | |
| | | | | | |
| 28. | | is owed to you | | | |
| | No. | | | 7 | |
| | Yes. | Describe | | • | 0.00 |
| 29 | Family sun | nort | | j | 0.00 |
| _0. | | - | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement | | |
| | No. | | | | |
| | Yes. | Describe | | 1 | |
| | | | | \$ | 0.00 |
| 30. | Other amo | unts someone o | wes you | | |
| | | | | | |
| | No. | urity benefits; unpai | d loans you made to someone else | | |
| | Yes. | Doscribo | | 1 | |
| | 1 es. | Describe | | \$ | 0.00 |
| 31. | Interest in | insurance polici | es | . · · | |
| | Examples: | Health, disability, o | r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance | | |
| | No. | | Company Name & Beneficiary: | | |
| | Yes. | Describe | | 1 | |
| | | | Health, disability, and term life insurance through employer \$0 | | |
| 22 | Any interes | ot in property th | nt is due you from company who has died | \$ | 0.00 |
| 32. | = | | | | |
| | - | | | | |
| | No. | | | | |
| | Yes. | Describe | | 1 | |
| | | | | \$ | 0.00 |
| 33. | • | • | | | |
| | No. | Accidents, employi | nent disputes, insurance claims, or rights to sue | | |
| | Yes. | Dogoribo | | 1 | |
| | 163. | Describe | | \$ | 0.00 |
| 34. | Other cont | ingent and unlic | uidated claims of every nature, including counterclaims of the debtor and rights | | |
| | No. | _ | | | |
| | Yes. | Describe | | 1 | |
| | | | | \$ | 0.00 |
| 35. | Any financ | ial assets you d | id not already list | | |
| | No. | | | | |
| | Yes. | Describe | | | |
| | | | | \$ | 0.00 |
| 26 | Add the de | llar value of all | of your entries from Part 4, including any entries for pages you have attached | | |
| | | | | \$ 0.00 health savings account (HSA); credit, homeowner's, or renter's insurance me & Beneficiary: ty, and term life insurance through employer \$0 \$ 0.00 from someone who has died ct proceeds from a life insurance policy, or are currently entitled to receive \$ 0.00 not you have filed a lawsuit or made a demand for payment surance claims, or rights to sue \$ 0.00 as of every nature, including counterclaims of the debtor and rights \$ 0.00 It list \$ 0.00 | |
| | 101 Fail 4. V | write that numbe | in fiele | | |
| | E | Describe Any Busi | ness-Related Property You Own or Have an Interest In. List any real estate in Part 1. | | |
| | | | | | |
| J/. | No. | S0.00 Current value of the portion you own? Describe | | | |
| | = | | | | |
| | Yes. | | | | |
| | | | | Current value of the | • |
| | | | | portion you own? Do not deduct secured | claims |
| | | | | or exemptions | |
| | | | | | |

Johnta

Case 18-03867

Doc 1

Desc Main

First Name

Middle Name

Filed 02/13/18

Montgomery
Document
Last Name

Entered 02/13/18 12:31:11 Page 14 of 65 humber (if known)

| 38. | _ | receivable or co | mmissions you already earned | |
|-----|-------------|-----------------------------|---|-----------------|
| | No. | Describe | | ı |
| | _ | | | \$0.00 |
| 39. | | | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices | |
| | No. | Dusiliess-Telated of | omputers, software, moderns, printers, copiers, rax macrimes, rugs, telephones, desits, criairs, electronic devices | |
| | Yes. | Describe | | |
| 40 | Machinery | , fixtures equin | ment, supplies you use in business, and tools of your trade | \$0.00 |
| | No. | , incuiso, equip | nong cappiles you also in submisse, and tools of your stade | |
| | Yes. | Describe | | |
| 41. | Inventory | | | \$0.00 |
| | No. | | | |
| | Yes. | Describe | | |
| 42. | Interests i | n partnerships o | r joint ventures | \$0.00 |
| 12. | No. | - | Name of Entity and Percent of Ownership: | |
| | Yes. | Describe | | |
| 43 | Customer | liete mailing lie | ts, or other compilations | \$0.00 |
| 10. | No. | noto, maning no | is, or other compliations | |
| | Yes. | Describe | | |
| 11 | Any busin | ass_ralated prop | erty you did not already list | \$0.00 |
| 77. | No. | ess-related prop | erty you did not alleady list | |
| | Yes. | Describe | | |
| | | | | \$0.00 |
| 45. | Add the do | ollar value of all | of your entries from Part 5, including any entries for pages you have attached | |
| | for Part 5. | Write that numb | er here> | \$ 0.00 |
| | art 6: | Describe Any Fari | n- and Commercial Fishing-Related Property You Own or Have an Interest In. | |
| | | If you own or ha | ve an interest in farmland, list it in Part 1. | |
| 46. | _ | n or have any le | gal or equitable interest in any farm- or commercial fishing-related property? | |
| | No. | Describe | | |
| | | 2000 | | \$0.00 |
| 47. | Farm anim | nals Livestock, poultry, | farm-raised fish | |
| | No. | z.rostosti, podia y, | | |
| | Yes. | Describe | | |
| 48. | Crops—ei | ther growing or I | narvested | \$0.00 |
| | No. | g | | |
| | Yes. | Describe | | |
| 49. | Farm and | fishina equipme | nt, implements, machinery, fixtures, and tools of trade | \$0.00 |
| | No. | 9 34m.b.110 | · · · · · · · · · · · · · · · · · · · | |
| | Yes. | Describe | | |
| 50. | Farm and | fishing supplies | chemicals, and feed | \$0.00 |
| | No. | 3 3 3 4 4 4 4 4 | | |
| | Yes. | Describe | | |
| | | | | \$0 <u>.0</u> 0 |

Debtor 1 Johnta Case 18-03867 Doc 1 Filed 02/13/18 Entered 02/13/18 12:31:11 Desc Main Page 15 of 65 Page 15 of 65

| First Name Middle Name Last Name | | |
|--|----------------|--------------|
| 51. Any farm- and commercial fishing-related property you did not already list No. | t | |
| Yes. Describe | | \$0.00 |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for Part 6. Write that number here | , • • | \$0.00 |
| Part 7: Describe All Property You Own or Have an Interest in That You Did N | lot List Above | |
| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. | | |
| Yes. Describe | | \$0.00 |
| 54. Add the dollar value of all of your entries from Part 7. Write that number h | ere> | \$0.00 |
| Part 8: List the Totals of Each Part of this Form | | |
| 55. Part 1: Total real estate, line 2 | | \$ 0.00 |
| 56. Part 2: Total vehicles, line 5 | \$ 22,650.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$ 2,650.00 | |
| 58. Part 4: Total financial assets, line 36 | \$ 200.00 | |
| 59. Part 5: Total business-related property, line 45 | \$ 0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ 0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$ 0.00 | |
| 62. Total personal property. Add lines 56 through 61 | \$ 25,500.00 | \$ 25,500.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$25,500.00 |
| | | |

Official Form 106A/B Record # 759872 Schedule A/B: Property Page 6 of 6

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| Fill in this in | Fill in this information to identify your case: | | | | | | | | |
|---------------------|---|-----------------------------------|-----------------|--|--|--|--|--|--|
| Debtor 1 | Johnta | Antione | Montgomery | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | |
| Debtor 2 | Marquita | Yvette | Montgomery | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | | |
| United States | Bankruptcy Court for the | e : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u> | | | | | | |
| | | | (State) | | | | | | |
| Case Number | r | | | | | | | | |
| (If known) | | | | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | emptions are you claiming? Check ming state and federal nonbankrupt | | | | | | | | | |
|--|--|--------------------------------------|---|------------------------------------|--|--|--|--|--|--|
| _ | • | | 8 322(D)(3) | | | | | | | |
| You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | | | |
| . For any propert | y you list on <i>Schedule A/B</i> that yo | u claim as exempt, fill in t | the information below. | | | | | | | |
| · | on of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | | | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption | | | | | | | |
| Brief description: | Furniture, linens, small appliances, table & chairs, bedroom set | \$1,000 | \$1,000 | 735 ILCS 5/12-1001(b) | | | | | | |
| Line from Schedule A/B: | 06 | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| Brief description: | Flat screen TV, computer, printer, music collection, cell phone | \$_750 | \$ <u>750</u> | 735 ILCS 5/12-1001(b) | | | | | | |
| Line from Schedule A/B: | 07 | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| Brief description: | Everyday clothes, Winter Coats, shoes, accessories | \$_ 250 | \$ _ 250 | 735 ILCS 5/12-1001(b) | | | | | | |
| Line from Schedule A/B: | 11 | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| Brief description: | Everyday jewelry, costume jewelry, wedding rings | \$_ 500 | \$_ 500 | 735 ILCS 5/12-1001(b) | | | | | | |
| Line from Schedule A/B: | 12 | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| | | | | | | | | | | |
| Official Form 106C | Record # 759872 | Schedule C: T | he Property You Claim as Exempt | Page 1 of 2 | | | | | | |

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Johnta Antione Document

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Debtor 1

Middle Name

Additional Page Part 2: Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B 735 ILCS 5/12-1001(b) Brief Pet Dog \$ 0 description: Line from 100% of fair market value, up to 13 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(a) Brief Books, CDs, DVDs & Family \$ 150 150 description: **Photos** 100% of fair market value, up to Line from Schedule A/B: any applicable statutory limit Brief Health, disability, and term life 215 ILCS 5/238 \$ ⁰ insurance through employer description: Line from 100% of fair market value, up to 31 Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ No Yes. 759872 Official Form 106C Record # Schedule C: The Property You Claim as Exempt Page 2 of 2

| Fill in this | Caso 19 information to ide | | oc 1 | Entered 02/13/1 8 of 65 | .8 12:31:11 | Desc Main | |
|--------------------------------|---|--|--|------------------------------|------------------------------------|---|--------------------|
| | intermetion to rec | many your ouco. | | 0 01 05 | | | |
| Debtor 1 | Johnta | Antione | | | | | |
| D 11 0 | First Name Marquita | Middle Name Yvette | Last Name Montgomery | | | | |
| Debtor 2 (Spouse, if filing | | Middle Name | Last Name | | | | |
| | | NODTHERN | Bit it follows | | | | |
| United Stat | tes Bankruptcy Court f | for the : <u>NORTHERN</u> | _ District of _ <u>ILLINOIS</u> (State) | | | | |
| Case Numb | ber | | | | | Check if this | |
| | 106D | \ | | | | amended iii | iiiig |
| | Form 106D | = | | | | | 12/1 |
| | | | e Claims Secured by P ried people are filing together, both | | r supplying correct | | 12/1: |
| nformation. I | If more space is no | eded, copy the Addit | ional Page, fill it out, number the en | | | ny | |
| - | • • | me and case number ns secured by your p | , | | | | |
| | | | e court with your other schedules. You | u have nothing also to range | rt on this form | | |
| _ | | | e court with your other schedules. To | u nave nothing else to repor | t on this form. | | |
| ■ Yes. | Fill in all of the info | rmation below. | | | | | |
| Part 1: | List All Secured C | Claims | | | | | |
| a Lietelle | accured eleime If | a araditar has more the | an one secured claim, list the creditor | congrately | Column A | Column A | Column C |
| | | | articular claim, list the other creditors | ' ' | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| As much | h as possible, list th | e claims in alphabetic | al order according to the creditors na | me. | value of collateral | claim | If any |
| 2.1 Cons | sumer Portfolio SVC | ; | Describe the property that secure | s the claim: | \$ <u>18,521.00</u> | \$ <u>8,600.00</u> | \$ 9,921.00 |
| Credito | or's Name | | 2012 Chevrolet Malibu with over | 50,000 miles | \neg | | |
| | ox 57071 | | | | | | |
| Numbe | er Street | | | | | | |
| | | | As of the date you file, the claim i | s: Check all that apply. | | | |
| Irvine | • | CA 92619 | Unliquidated | | | | |
| City | | State Zip Code | Disputed | | | | |
| Who ow | ves the debt? Check | one. | Nature of Lien. Check all that apply | ٠. | | | |
| = | tor 1 only | | An agreement you made (such as | mortgage or secured | | | |
| = | tor 2 only tor 1 and Debtor 2 only | , | car loan) Statutory lien (such as tax lien, me | ochonic's lion) | | | |
| = | ast one of the debtors | | Judgment lien from a lawsuit | scriatile's lien) | | | |
| _ | | | Other (including a right to offset) _ | | | | |
| | ck if this claim relate nmunity debt | es to a | | | | | |
| | ebt was incurred | 2015-05-23 | Last 4 digits of account number | 6518 | | | |
| 2.2 Regio | onal Acceptance Co | O | Describe the property that secure | s the claim: | \$ <u>21,653.00</u> | \$ <u>18,350.00</u> | \$ <u>3,303.00</u> |
| | or's Name | | 2015 Chevrolet Impala with over | 30,000 miles | 7 | | |
| 765 E Numbe | Ela R D Suite 205 er Street | | | | | | |
| Numbe | ei Sueet | | As of the date you file the claim i | Chook all that apply | | | |
| | | | As of the date you file, the claim i | s. Спеск ан тасарру. | | | |
| | Zurich | IL 60004 | Unliquidated | | | | |
| City | | State Zip Code | Disputed | | | | |
| _ | ves the debt? Check | one. | Nature of Lien. Check all that apply | | | | |
| = | tor 1 only | | An agreement you made (such as | mortgage or secured | | | |
| = | tor 2 only tor 1 and Debtor 2 only | , | car loan) Statutory lien (such as tax lien, me | echanic's lien) | | | |
| = | ast one of the debtors | | Judgment lien from a lawsuit | , | | | |
| | ak if this states and t | an to a | Other (including a right to offset) _ | | | | |
| | ck if this claim relate nmunity debt | | | | | | |
| Date De | ebt was incurred | 2016-01-23 | Last 4 digits of account number | 4001 | | | |
| Add the | e dollar value of yo | ur entries in Column | A on this page. Write that number | here: | \$ <u>40,174.00</u> | | |

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Debtor 1 Johnta Antione Document Page 19 of 65 Case Number (if known)

Part 2:

List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>40,174.00</u>

| Fil | l in this | Caco 19 029 | | 2.1 Eilad 02/12/19 I | Entered 02/ 0 of 6 | | :31:11 [| Desc Main | |
|------------------------------------|----------------------------------|---|---|--|---|--|-----------------------------------|---------------------|--------------------|
| D | obtor 1 | Johnta | Antione | Montgomery | | | | | |
| De | ebtor 1 | First Name | Middle Name | Last Name | | | | | |
| De | ebtor 2 | Marquita | Yvette | Montgomery | | | | | |
| | ouse, if filing |) First Name | Middle Name | Last Name | | | | | |
| Ur | nited State | es Bankruptcy Court for the : | NORTHERN D | District of ILLINOIS | | | | | |
| | | | | (State) | | | | Check if | this is an |
| | ase Numb iknown) | per | | | | | | amende | |
| Sch Be as | edul comple | te and accurate as possible | e. Use Part 1 fo | e Unsecured Claims or creditors with PRIORITY claims a | | | | | 12/19 |
| A/B: F credit neede op of | Property ors with ed, copy | (Official Form 106A/B) and partially secured claims the | d on Schedule nat are listed in it, number the name and case | , | ired Leases (Offic Claims Secured by | ial Form 106G) y <i>Property</i> . If n |). Do not includ nore space is | | |
| | | | | | | | | | |
| ט 1. | | reditors have priority unsec | cured claims a | gainst you? | | | | | |
| L | No. (| Go to Part 2. | | | | | | | |
| | Yes. | | | | | | | | |
| | | | | itor has more than one priority unsec | | - | - | | |
| | | | | a claim has both priority and nonprior | · • | | · · | - | |
| | | - | | laims in alphabetical order according Part 1. If more than one creditor holds | | - | | · • | |
| | | | ŭ | structions for this form in the instruct | • | | | - | |
| | | | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Illinois | s Department of Revenue | | Last 4 digits of account number | | \$ | 1,429.00 | \$ _1,429.00 | \$ <u>0.00</u> |
| | | r's Name ox 64338 | | When was the debt incurred? | 2016 | | | | |
| | Numbe | r Street | | | | | | | |
| | | | | As of the date you file, the claim is: | Check all that apply. | | | | |
| | | | | Contingent | | | | | |
| | Chica | | 60664-0338 | Unliquidated | | | | | |
| | City Who ow | State es the debt? Check one. | Zip Code | Disputed | | | | | |
| | Debto | | | | | | | | |
| | = | or 2 only | | Type of PRIORITY unsecured claim | : | | | | |
| | = | or 1 and Debtor 2 only | | Domestic support obligations | | | | | |
| | = | ast one of the debtors and anoth | er | Taxes and certain other debts you of | owe the government | | | | |
| | = | ck if this claim relates to a | | _ | | | | | |
| | Comi | munity debt | | Claims for death or personal injury | while you were | | | | |
| | | aim subject to offest? | | intoxicated | | | | | |
| | No No | | | Other. Specify | | | | | |
| | Yes | | | | | | | | |

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Your PRIORITY Unsecured Claims - Continuation Page

| isting any entries on t | this page, number them | beginning with 2.3, followed by 2.4, a | nd so forth. | Total claim | Priority amount | Nonprior amount |
|----------------------------|-----------------------------|--|-------------------------------|--------------------------------|---------------------|--------------------|
| IRS Priority Debt | | Last 4 digits of account number _ | | \$_3,183.00 | \$ _3,183.00 | \$ <u>0.00</u> |
| Creditor's Name | | | 2016 | | | |
| PO Box 7346 | | When was the debt incurred? | 2016 | | | |
| Number Street | | | | | | |
| | | As of the date you file, the claim is | : Check all that apply. | | | |
| | | Contingent | | | | |
| Philadelphia | PA 19101 | Unliquidated | | | | |
| City Who owes the debt? Ch | State Zip Code | Disputed | | | | |
| Debtor 1 only | leck offe. | - | | | | |
| = ' | | - (| | | | |
| Debtor 2 only | | Type of PRIORITY unsecured clair | n: | | | |
| Debtor 1 and Debtor 2 | · · | Domestic support obligations | | | | |
| At least one of the deb | | Taxes and certain other debts you | owe the government | | | |
| Check if this claim r | relates to a | | | | | |
| community debt | offact? | Claims for death or personal injury | while you were | | | |
| No | Jilest: | intoxicated | | | | |
| Yes | | Other. Specify | | | | |
| Letha Coleman | | Last 4 digits of account number | | \$_0.00 | \$ 0.00 | \$ 0.00 |
| Creditor's Name | | Lust 4 digits of account number _ | | · | • | - |
| 5648 W Augusta | | When was the debt incurred? | | | | |
| Number Street | | | | | | |
| | | A | . Ob I II th - t I. | | | |
| | | As of the date you file, the claim is | Check all that apply. | | | |
| Chicago | IL 60651 | Contingent | | | | |
| City | State Zip Code | Unliquidated | | | | |
| Who owes the debt? Ch | neck one. | Disputed | | | | |
| Debtor 1 only | | | | | | |
| Debtor 2 only | | Type of PRIORITY unsecured clair | n: | | | |
| Debtor 1 and Debtor 2 | only only | Domestic support obligations | | | | |
| At least one of the deb | otors and another | Taxes and certain other debts you | owe the government | | | |
| Check if this claim r | elates to a | | | | | |
| community debt | | Claims for death or personal injury | while you were | | | |
| s the claim subject to o | offest? | intoxicated | | | | |
| No | | Other. Specify Child Support | | | | |
| Yes | | | | | | |
| List All of You | ır NONPRIORITY Unsecure | ed Claims | | | | |
| | | | | | | |
| o any creditors have r | nonpriority unsecured cl | aims against you? | | | | |
| No. You have nothin | ng to report in this part S | Submit this form to the court with your o | other schedules. | | | |
| = | | and source with your | | | | |
| Yes. | | | | | | |
| st all of your nonprior | rity unsecured claims in | the alphabetical order of the creditor | who holds each claim. If | a creditor has more than o | one | |
| onpriority unsecured cl | aim, list the creditor sepa | rately for each claim. For each claim li | sted, identify what type of o | claim it is. Do not list claim | s already | |
| cluded in Part 1. If mor | re than one creditor holds | a particular claim, list the other credite | ors in Part 3.If you have mo | ore than three nonpriority ι | insecured | |
| aims fill out the Continu | uation Page of Part 2. | | | | | |
| | | | | | | Total clair |

Official Form 106E/F

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| Debtor 1 | Johnta Antione | Document Page 22 of 65 Case Number (if known) | |
|----------|--|---|--------------------|
| | First Name Middle Name | Last Name | |
| 4.1 | American First Finance | Last 4 digits of account number | \$ 1,000.00 |
| | Creditor's Name | | |
| | PO Box 565848 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Dallas TX 75356 | Unliquidated | |
| | City State Zip Code | | |
| <u> </u> | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| <u> </u> | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| [| Debtor 1 and Debtor 2 only | Student loans | |
| [| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| ΙĒ | Check if this claim relates to a | that you did not report as priority claims | |
| - | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is | s the claim subject to offest? | | |
| | No | Other. Specify | |
| | Yes | _ | |
| 4.2 | AmeriCash Loans | Last 4 digits of account number | \$ 900.00 |
| | Creditor's Name | | |
| | 880 Lee St., Ste. 302 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Des Plaines IL 60016 | Unliquidated | |
| ١., | City State Zip Code Who owes the debt? Check one. | Disputed | |
| ľ | = | | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| 5 | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| L | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | s the claim subject to offest? | Po Post or | |
| 1 7 | ■No ¬., | Other. Specify PayDay Loan | |
| 4.2 | Yes ATT U-Verse | Last 4 digits of account number 3728 | \$ 288.00 |
| 4.3 | Creditor's Name | Last 4 digits of account number | <u> </u> |
| | 10550 Deerwood Park Blvd | When was the debt incurred? 2017-2017 | |
| | Number Street | | |
| | | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Jacksonville FL 32256 | Contingent | |
| | City State Zip Code | Unliquidated | |
| l v | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| } | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ls | s the claim subject to offest? | <u> </u> | |
| | No | Out of Collecting for Creditor | |

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| After I | isting any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|---------------|--|---|--------------------|
| 4.4 | Bank of America | Last 4 digits of account number | \$ _700.00 |
| | Creditor's Name PO Box 15168 | When was the debt incurred? | |
| Number Street | | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Wilmington DE 19850 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| ١. | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | _ | |
| | No Yes | Other. Specify Overdraft Account | |
| 4.5 | City of Chicago Bureau Parking | Last 4 digits of account number | \$ <u>3,000.00</u> |
| | Creditor's Name | | |
| | 121 N. LaSalle St | When was the debt incurred? | |
| | Number Street | | |
| | Room 107 | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Chicago IL 60602 | Unliquidated | |
| Ι, | City State Zip Code Who owes the debt? Check one. | Disputed | |
| ` | | □ | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| Ι. | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| 1 | Is the claim subject to offest? | - | |
| | No No | Other. Specify Debt Owed | |
| 4.6 | └── Yes Crest Financial | Last 4 digits of account number | \$ 2,000.00 |
| 4.0 | Creditor's Name | | * <u></u> |
| | 61 West 13490 South | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Draper UT 84020 | Unliquidated | |
| ١. | City State Zip Code | | |
| ' | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| Ι. | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | Cradit Extended to Debter(e) | |
| | Yes | Other. Specify Credit Extended to Debtor(s) | |

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| After I | sting any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. | | nd so forth. | Total Claim |
|---------|--|---|--|-------------------|
| 4.7 | DEPT OF ED/Navient | Last 4 digits of account number | 0829 | \$ <u>484.00</u> |
| | Creditor's Name Po Box 9635 | When was the debt incurred? | 2016-2017 | |
| | Number Street | When was the dept incurred: | | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | : Check all that apply. | |
| | Wilkes Barre PA 18773 | Contingent | | |
| | City State Zip Code | Unliquidated | | |
| ' | Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured of | claim: | |
| ! | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separati | | |
| | Check if this claim relates to a | that you did not report as priority cla | | |
| ١. | community debt s the claim subject to offest? | Debts to pension or profit-sharing p | olans, and other similar debts | |
| i | No | O | | |
| i | Yes | Other. Specify | | |
| 4.8 | DEPT OF ED/Navient | Last 4 digits of account number | 0824 | \$ 500.00 |
| | Creditor's Name | | | |
| | Po Box 9635 | When was the debt incurred? | 2017-2017 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | : Check all that apply. | |
| | | Contingent | | |
| | Wilkes Barre PA 18773 | Unliquidated | | |
| ١, | City State Zip Code Who owes the debt? Check one. | Disputed | | |
| l i | Debtor 1 only | _ | | |
| l i | Debtor 2 only | Type of NONPRIORITY unsecured of | claim: | |
| l i | Debtor 1 and Debtor 2 only | Student loans | | |
| l i | At least one of the debtors and another | Obligations arising out of a separati | ion agreement or divorce | |
| l i | Check if this claim relates to a | that you did not report as priority cla | - | |
| ' | community debt | Debts to pension or profit-sharing p | olans, and other similar debts | |
| ! ! | s the claim subject to offest? | _ | | |
| | No | Other. Specify | | |
| | Yes DEPT OF ED/Navient | | 0020 | ↑ CE4 OO |
| 4.9 | | Last 4 digits of account number | 0829 | \$ _654.00 |
| | Creditor's Name Po Box 9635 | When was the debt incurred? | 2016-2017 | |
| | Number Street | | | |
| | | As of the data way file the element | Observation of the state of the | |
| | | As of the date you file, the claim is: | : Спеск ан tnat apply. | |
| | Wilkes Barre PA 18773 | Contingent Unliquidated | | |
| | City State Zip Code | | | |
| ' | Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured of | claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separati | | |
| | Check if this claim relates to a community debt | that you did not report as priority cla | | |
| , | community debt s the claim subject to offest? | Debts to pension or profit-sharing p | olans, and other similar debts | |
| ĺ | No | Other. Specify | | |
| | Yes | | | |
| | | | | |

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| Contingent Name Po Box 9835 When was the debt incurred? 2016-2017 | 678.00 |
|--|----------|
| Po Box 9635 When was the debt incurred? 2016-2017 | |
| Number Street Number Street Number Street Name PA 18773 Confingent Contingent Conting | |
| Wilkes Barre | |
| Contingent | |
| Wilkes Barre PA 18773 City Who owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Al lasat one of the debtors and another Check if this claim relates to a community debt is the claim subject to offes? No Yes 4.11 DEPT OF ED/Navient Conditor's Name Po Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number 0829 When was the debt incurred? 2016-2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Condition's Name Po Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Condition's Name Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 5 only Student loans Student loans Debts 1 opension or profit-sharing plans, and other similar debts Student loans Debts 1 opension or profit-sharing plans, and other similar debts Student loans Debts 2 opension or profit-sharing plans, and other similar debts Student loans Debts 3 opension or profit-sharing plans, and other similar debts Student loans Student loans Student loans Student loans Debtor 1 only Student loans Student loans Student loans Student loans Debtor 1 only Student loans Stude | |
| Cy State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Al least one of the debtors and another Check if this claim relates to a community debt site claim subject to offest? No Yes Debtor 5 DNavient Conditive Name Po Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Check if this claim relates to a community debt she claim subject to offest? Wilkes Barre PA 18773 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Al teast one of the debtors and another community debt she claim subject to offest? No Yes Unliquidated Check if this claim relates to a community debt she claim subject to offest? No Yes Unliquidated Check if this claim relates to a community debt she claim subject to offest? No Yes Debtor 5 DNavient Check if this claim relates to a community debt she claim subject to offest? No Yes Unliquidated Check if this claim relates to a community debt she claim subject to offest? No Yes Unliquidated Check if this claim relates to a community debt she claim subject to offest? No Yes Unliquidated Check if this claim relates to a community debt she claim subject to offest? No Yes Unliquidated Check if this claim relates to a community debt she claim subject to offest? No Yes Unliquidated Check if this claim relates to a community debt she claim subject to offest? No Yes Unliquidated Check if this claim relates to a community debt she claim subject to offest? No Yes Unliquidated Check if this claim relates to a community debt she claim subject to offest? No Yes Unliquidated Check if this claim relates to a community debt she claim subject to offest? No Yes Other. Specify Unliquidated Check if this claim subject to offest? No Yes Other Specify Unliquidated Check all that apply. Contingent Unliquidated Check if this claim subject to offest? No Yes Other Specify Unliquidated Check all that apply. Contingent Unliquidated Check if this claim is Check all that apply. Contingent Unli | |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only As file ast one of the debtors and another Check if this claim relates to a community debt Street Who was the debt incurred? As of the date you file, the claim is: Check all that apply. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only As teast one of the debtors and another Conditives Name Po Box 9835 Number Who wes the debt? Check one. Debts to pension or profit-sharing plans, and other similar debts As of the date you file, the claim is: Check all that apply. Debtor 1 only Debtor 1 and Debtor 2 only Ast teast one of the debtors and another Coheck if this claim relates to a community debt Is the claim subject to offest? No Debtor 5 and Debtor 2 only Debtor 6 and Debtor 2 only Ast teast one of the debtors and another Coheck if this claim relates to a community debt Street As of the date you file, the claim is: Check all that apply. Debtor 1 and Debtor 2 only Ast teast one of the debtors and another Coheck if this claim relates to a community debt Street As of the date you file, the claim is: Check all that apply. Other. Specify Who was the debt incurred? Other. Specify Other. Specify Who was the debt incurred? Other. Specify I start 4 digits of account number Obeltor 1 and Debtor 2 only Other. Specify Who was the debt incurred? Other. Specify Who was the debt incurred? Other. Specify Other. Specify Unliquidated Other. Specify Other. Specify Other. Specify Unliquidated Other. Specify Other. Specify Other. Specify Other. Specify Unliquidated Other. Specify Other. Specify Other. Specify Other. Specify Other. Specify Unliquidated Other. Specify Other. Specif | |
| Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Student loans Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 onl Debtor 3 only Debtor 4 onl Debtor 5 only Debtor 1 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Student loans Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor | |
| Debtor 2 only | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? Other: Specify Debt of ED/Navient Conditions Name Po Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 3 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? Other: Specify Type of NONPRIORITY unsecured claim: Student loans Debts of pension or profit-sharing plans, and other similar debts When was the debt incurred? 2016-2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? Non Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 9 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 1 only Debtor 9 only Debtor 1 only Debto | |
| At least one of the debtors and another Check if this claim relates to a community debt | |
| that you did not report as priority claims community debt Is the claim subject to offest? No Ves 4.11 DEPT OF ED/Navient Creditor's Name Po Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Studet loans Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Other. Specify Type of NoNPRIORITY unsecured claim: Student loans Colligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Other. Specify Ves 4.12 DEPT OF ED/Navient Coeditor's Name Po Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Colligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Type of None of the debts of a community debt Student loans Debts to pension or profit-sharing plans, and other similar debts As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Vilkes Barre Po Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Unliquidated Unliquidated | |
| Debts to pension or profit-sharing plans, and other similar debts | |
| No Ves Other. Specify Ves | |
| Ves | |
| A_111 DEPT OF ED/Navient Creditor's Name Po Box 9635 When was the debt incurred? 2016-2017 | |
| Creditor's Name PO Box 9635 Number Street Wilkes Barre PA 18773 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes 4.12 DEPT OF EDNavient Creditor's Name PO Box 9635 Number Street When was the debt incurred? 2016-2017 When was the debt incurred? 2016-2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Creditor's Name PO Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | 1 196 00 |
| Po Box 9635 Number Street Street Street Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Disputed Disputed Disputed Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to feets? No Other. Specify Other. Specify Other. Specify Other. Specify Street As of the date you file, the claim is: Check all that apply. Other. Specify O | 1,186.00 |
| Number Street Wilkes Barre | |
| Wilkes Barre PA 18773 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes 4.12 DEPT OF ED/Navient Creditor's Name Po Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number 0821 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number 0821 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number 0821 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | |
| Wilkes Barre PA 18773 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes 4.12 DEPT OF ED/Navient Creditor's Name Po Box 9635 Number Street Wilkes Barre PA 18773 City State Zip Code Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number 0821 When was the debt incurred? 2017-2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts When was the debt incurred? 4.12 DEPT OF ED/Navient Creditor's Name Po Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated | |
| Wilkes Barre PA 18773 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes 4.12 DEPT OF ED/Navient Creditor's Name Po Box 9635 Number Street Wilkes Barre PA 18773 City State Zip Code Unliquidated Disputed Unliquidated Disputed Unliquidated Disputed Unliquidated Disputed Villential Disputed Unliquidated Disputed Value of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number 0821 State 4 digits of account number 2017-2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed As of the date you file, the claim is: Check all that apply. | |
| City State Zip Code Who owes the debt? Check one. Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Community debt Is the claim subject to offest? No Other. Specify Other. Specify Creditor's Name Po Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre PA 18773 City State Zip Code | |
| Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes Last 4 digits of account number Po Box 9635 Number Street Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number 90 B0x 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes 4.12 DEPT OF ED/Navient Creditor's Name Po Box 9635 Number Street Wilkes Barre PA 18773 City State Zip Code Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes 4.12 DEPT OF ED/Navient Creditor's Name Po Box 9635 Number Street Wilkes Barre PA 18773 City State Zip Code Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number 0821 When was the debt incurred? 2017-2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | |
| At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes 4.12 DEPT OF ED/Navient Creditor's Name Po Box 9635 Number Street Wilkes Barre PA 18773 City State Zip Code Delto to poligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts In that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number 0821 When was the debt incurred? 2017-2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | |
| Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts | |
| Community debt Is the claim subject to offest? No Yes Under Specify Creditor's Name Po Box 9635 Number Street Wilkes Barre Wilkes Barre Vilkes Barre PA 18773 City Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? No Yes 4.12 DEPT OF ED/Navient Creditor's Name Po Box 9635 Number Street Wilkes Barre PA 18773 City State Zip Code Other. Specify Other. Specify Other. | |
| No Yes 4.12 DEPT OF ED/Navient Creditor's Name Po Box 9635 Number Street Wilkes Barre PA 18773 City State Zip Code Other. Specify Last 4 digits of account number 0821 When was the debt incurred? 2017-2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated | |
| Yes 4.12 DEPT OF ED/Navient Creditor's Name Po Box 9635 Number Street Wilkes Barre PA 18773 City State Zip Code Code of the date you file, the claim is: Check all that apply. Unliquidated Code of the date you file, the claim is: Check all that apply. Unliquidated | |
| A.12 DEPT OF ED/Navient Last 4 digits of account number 0821 State Zip Code DEPT OF ED/Navient Last 4 digits of account number 0821 State Zip Code State Zip Code State Zip Code DEPT OF ED/Navient Last 4 digits of account number 0821 State Zip Code DEPT OF ED/Navient State Zip Code State Zip Code State Zip Code DEPT OF ED/Navient State Zip Code State Z | |
| Creditor's Name Po Box 9635 Number Street When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated | 1,750.00 |
| Number Street Milkes Barre PA 18773 City State Zip Code As of the date you file, the claim is: Check all that apply. Unliquidated Unliquidated | |
| Wilkes Barre PA 18773 City State Zip Code As of the date you file, the claim is: Check all that apply. Unliquidated Description: | |
| Wilkes Barre PA 18773 City State Zip Code Unliquidated | |
| Wilkes Barre PA 18773 City State Zip Code Unliquidated | |
| City State Zip Code Unliquidated | |
| | |
| Who owes the debt? Check one. | |
| Debtor 1 only | |
| Debtor 2 only Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only Student loans | |
| At least one of the debtors and another Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a that you did not report as priority claims | |
| community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? | |
| l ■ | |
| Yes Other. Specify | |

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Page 26 of 65 Case Number (if known) **Document** Johnta Antione Debtor 1

| After lis | sting any entries on this page, number them be | eginning with 4.4, followed by 4.5, and | so forth. | Total Claim |
|-----------|--|---|-----------------------------|--------------------|
| 4.13 | DEPT OF ED/Navient | Last 4 digits of account number | | \$ 3,049.00 |
| | Creditor's Name | Million and the delict | 2017-2017 | |
| | Po Box 9635 | When was the debt incurred? | 2011-2011 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | Wilkes Barre PA 18773 | Contingent | | |
| | City State Zip Code | Unliquidated | | |
| v | /ho owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured cla | aim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separation | agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority clain | ns | |
| - | community debt | Debts to pension or profit-sharing plan | ns, and other similar debts | |
| | s the claim subject to offest? | | | |
| | No | Other. Specify | | |
| 4.14 | Yes DEPT OF ED/Navient | Last 4 digits of account number | 1122 | \$ 3,171.00 |
| 4.14 | Creditor's Name | | - | • |
| | Po Box 9635 | When was the debt incurred? | 2000-2014 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: 0 | Check all that apply. | |
| | | Contingent | 11.7 | |
| | Wilkes Barre PA 18773 | Unliquidated | | |
| | City State Zip Code /ho owes the debt? Check one. | Disputed | | |
| " | Debtor 1 only | — ' | | |
| | Debtor 1 only Debtor 2 only | Type of NONDRIGHTY unecoured ele | sim. | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured class | aiiii. | |
| | At least one of the debtors and another | Obligations arising out of a separation | a agreement or divorce | |
| | | that you did not report as priority clain | | |
| L | Check if this claim relates to a community debt | Debts to pension or profit-sharing plan | | |
| ls | s the claim subject to offest? | | , | |
| | No | Other. Specify | | |
| | Yes | | | |
| 4.15 | DEPT OF ED/Navient | Last 4 digits of account number | | \$ 3,936.00 |
| | Creditor's Name | When was the doct incomed? | 2012-2014 | |
| | Po Box 9635 | When was the debt incurred? | | |
| | Number Street | | | |
| | | As of the date you file, the claim is: (| Check all that apply. | |
| | Wilkes Barre PA 18773 | Contingent | | |
| | City State Zip Code | Unliquidated | | |
| v | /ho owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured cla | aim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separation | agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority clain | ns | |
| _ | community debt | Debts to pension or profit-sharing plan | ns, and other similar debts | |
| | s the claim subject to offest? | | | |
| | No | Other. Specify | | |
| | Yes | | | |

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Your NONPRIORITY Unsecured Claims - Continuation Page

| After li | sting any entries on this page, number them be | ny entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. | | Total Claim |
|-----------|--|---|--------------------------------|--------------------|
| 4.16 | DEPT OF ED/Navient | Last 4 digits of account number | 1122 | \$ <u>6,678.00</u> |
| | Creditor's Name | Mhan was the daht in summed 2 | 2000-2014 | |
| | Po Box 9635 | When was the debt incurred? | | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | : Check all that apply. | |
| | William Day 10772 | Contingent | | |
| | Wilkes Barre PA 18773 City State Zip Code | Unliquidated | | |
| v | City State Zip Code Vho owes the debt? Check one. | Disputed | | |
| [| Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| Ī | Debtor 1 and Debtor 2 only | Student loans | | |
| Ī | At least one of the debtors and another | Obligations arising out of a separati | ion agreement or divorce | |
| l i | Check if this claim relates to a | that you did not report as priority cla | aims | |
| ' | community debt | Debts to pension or profit-sharing p | olans, and other similar debts | |
| ls ls | s the claim subject to offest? | _ | | |
| | No | Other. Specify | | |
| | Yes | | | |
| 4.17 | DEPT OF ED/Navient | Last 4 digits of account number | 0530 | \$ 8,543.00 |
| | Creditor's Name | When the debt is some 10 | 2012-2014 | |
| | Po Box 9635 | When was the debt incurred? | 2012 2011 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | : Check all that apply. | |
| | William Day 10772 | Contingent | | |
| | Wilkes Barre PA 18773 | Unliquidated | | |
| v | City State Zip Code Vho owes the debt? Check one. | Disputed | | |
| Г | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| lī | Debtor 1 and Debtor 2 only | Student loans | | |
| li | At least one of the debtors and another | Obligations arising out of a separati | ion agreement or divorce | |
| 1 | Check if this claim relates to a | that you did not report as priority cla | - | |
| | community debt | Debts to pension or profit-sharing p | olans, and other similar debts | |
| 19 | s the claim subject to offest? | _ | | |
| | No | Other. Specify | | |
| \square | Yes | | | |
| 4.18 | First Premier BANK | Last 4 digits of account number | NULL | \$ <u>448.00</u> |
| | Creditor's Name | When we the debt in sumed? | 2015-2016 | |
| | 601 S Minnesota Ave | When was the debt incurred? | 2010 2010 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | : Check all that apply. | |
| | Signay Follo | Contingent | | |
| | Sioux Falls SD 57104 | Unliquidated | | |
| _ v | City State Zip Code Vho owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| Ī | Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separati | ion agreement or divorce | |
| 1 | Check if this claim relates to a | that you did not report as priority cla | | |
| " | community debt | Debts to pension or profit-sharing p | | |
| ls ls | s the claim subject to offest? | _ | | |
| | No | Other. Specify Credit Card or | Credit Use | |
| | Yes | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Johnta Antione Document Page 28 of 65 Case Number (if known)

| Par | Your NONPRIORITY Unsecured Claims - 0 | Continuation Page | | |
|----------|---|---|--------------------------------|--------------------|
| After li | isting any entries on this page, number them b | peginning with 4.4, followed by 4.5, ar | nd so forth. | Total Claim |
| 4.19 | First Premier BANK | Last 4 digits of account number | NULL | \$ <u>452.00</u> |
| | Creditor's Name | | 2017-2018 | |
| | 601 S Minnesota Ave | When was the debt incurred? | 2017-2010 | |
| | Number Street | | | |
| | | As of the date you file, the claim is | : Check all that apply. | |
| | Sioux Falls SD 57104 | Contingent | | |
| | City State Zip Code | Unliquidated | | |
| ' | Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| ! | Debtor 1 and Debtor 2 only | Student loans | | |
| ! | At least one of the debtors and another | Obligations arising out of a separat | | |
| | Check if this claim relates to a | that you did not report as priority cla | | |
| l , | community debt s the claim subject to offest? | Debts to pension or profit-sharing p | olans, and other similar debts | |
| | No | Other. Specify Credit Card or | Credit Use | |
| | Yes | Guior. Spoony | | |
| 4.20 | Northwestern Memorial Hospital | Last 4 digits of account number | | <u>\$_1,900.00</u> |
| | Creditor's Name | Miles would the debt in some d2 | | |
| | 251 E. Huron St. | When was the debt incurred? | | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | : Check all that apply. | |
| | Chicago IL 60611 | Contingent | | |
| | City State Zip Code | Unliquidated | | |
| ' | Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separat | | |
| ' | Check if this claim relates to a community debt | that you did not report as priority cla Debts to pension or profit-sharing p | | |
| 1 | s the claim subject to offest? | | nano, and outer similar desic | |
| | No | Other. Specify Medical/Dental | Services | |
| | Yes | | - | |
| 4.21 | Peoples GAS Light AND COKE | Last 4 digits of account number | 2427 | \$ <u>95.00</u> |
| | Creditor's Name 501 Greene St Ste 302 | When was the debt incurred? | 2017-2017 | |
| | Number Street | | | |
| | | A | Charle all that and by | |
| | | As of the date you file, the claim is | : Спеск ан tnat арргу. | |
| | Augusta GA 30901 | Contingent Unliquidated | | |
| l . | City State Zip Code | Disputed | | |
| ' | Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | Turns of NONDRIGHTY | alaim. | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured of Student loans | станн. | |
| | At least one of the debtors and another | Obligations arising out of a separat | ion agreement or divorce | |
| | | that you did not report as priority cla | | |
| ' | Check if this claim relates to a community debt | Debts to pension or profit-sharing p | | |
| ! | s the claim subject to offest? | | | |
| | No | Other. Specify Collecting for C | Creditor | |
| | Yes | | | |

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| Atter II | sting any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth. | i otai Ciaim |
|----------|--|---|-------------------|
| 4.22 | PNC Bank | Last 4 digits of account number | \$ _700.00 |
| | Creditor's Name | | |
| | 222 Delaware Avenue | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Wilmington DE 19899 | Unliquidated | |
| ١ ، | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| [| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| [| Debtor 1 and Debtor 2 only | Student loans | |
| ij | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| l i | Check if this claim relates to a | that you did not report as priority claims | |
| ١ ' | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ! | s the claim subject to offest? | | |
| ! | No | Other. Specify Overdraft Account | |
| | Yes | | |
| 4.23 | Transworld Systems Inc. | Last 4 digits of account number | \$ _445.00 |
| | Creditor's Name | When was the debt incurred? | |
| | 25 Northwest Point Blvd. #750 | when was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | FII. O | Contingent | |
| | Elk Grove Village IL 60007 | Unliquidated | |
| <u> </u> | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| L | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| [| Debtor 1 and Debtor 2 only | Student loans | |
| [| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| [| Check if this claim relates to a | that you did not report as priority claims | |
| ' | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ! | s the claim subject to offest? | | |
| | NI- | ■ Daht Oward | |
| | No | Other. Specify Debt Owed | |

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| First | Name | Middle Name | Last Name |
|--------|---------------------------|-------------------------------|-----------|
| Dort 2 | List Others to Be Notifie | d for a Debt That You Aiready | / Listed |

| 2, then list the collection agency here. Similarly, if you ha | ou for a debt you | owe to someone else, list the original creditor in Parts 1 or creditor for any of the debts that you listed in Parts 1 or 2, list the ed for any debts in Parts 1 or 2, do not fill out or submit this page. | | |
|---|-------------------|--|---|--|
| Illinois Child Support Enforce, Bankruptcy Dept. | | On which entry in Part 1 or Part 2 I | ist the original creditor? | |
| Name 509 S. 6th St | | Line 3 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| Springfield I City State 2 | L 62701 | Last 4 digits of account number _ | | |
| Secretary of State, Bankruptcy Dept. | | On which entry in Part 1 or Part 2 I | ist the original creditor? | |
| Name 2701 S. Dirksen Pkwy. | | Line 5 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| Springfield I | — L 62723 | Last 4 digits of account number | | |
| City State 2 | | Last 4 digits of account number _ | | |
| Arnold Scott Harris PC, Bankruptcy Dept. | | On which entry in Part 1 or Part 2 I | ist the original creditor? | |
| Name 111 W Jackson Blvd Ste 600 | | Line5 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| Chicago | 60604 | Last 4 digits of account number | | |
| | Zip Code | | | |
| Harris & Harris, LTD, Bankruptcy Dept. | | On which entry in Part 1 or Part 2 I | ist the original creditor? | |
| Name 111 W Jackson Blvd | | Line 19 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Number Street Suite 400 | | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| Chicago | L 60604 | Last 4 digits of account number _ | | |
| City State 2 | Zip Code | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Official Form 106E/F

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Johnta Debtor 1

Antione

Document

Add the Amounts for Each Type of Unsecured Claim

| 6. | Total the amounts of certain types of unsecured claims. T | This information is for statistical reporting purposes only. 28 U.S.C. § 159. |
|----|---|---|
| | Add the amounts for each type of unsecured claim. | |

| | | | Total claim |
|--------------------------|---|-----|------------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$0.00 |
| | 6b. Taxes and Certain other debts you owe the government | 6b. | \$4,612.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$4,612.00 |
| | | | Total claim |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$30,629.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$11,928.00 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$\$ <u>42,557</u> .00 |

Schedule E/F: Creditors Who Have Unsecured Claims

| | | Caca 10 (| 02967 Doc 1 E | ilod 02/12/19 | Entered 02/13/18 12:31:11 | Desc Main |
|--|--|--|---|---|---|---------------------|
| Fill | in this inf | ormation to identif | y your case: | | 2 of 65 | |
| Deb | tor 1 | Johnta | Antione | Montgomery | | |
| | | First Name Marquita | Middle Name Yvette | Last Name Montgomery | | |
| | tor 2 ise, if filing) | First Name | Middle Name | Last Name | | |
| Unit | ad States I | Sankruptov Court for th | ne : <u>NORTHERN</u> District of <u></u> | I LINOIS | | |
| | | Sankrupicy Court for it | ie . <u>NORTHERN</u> District of _ | (State) | | Check if this is an |
| | e Number _. nown) | | | _ | | amended filing |
| Offic | cial Fo | orm 106G | | | | Ç |
| | | | ry Contracts and | Unexnired Leas | SAS | 12/1 |
| Be as on the second sec | complete ation. If m nal pages you have | and accurate as po ore space is needed, write your name as any executory co eck this box and sub | ossible. If two married people ed, copy the additional page, and case number (if known). ntracts or unexpired leases? | are filing together, both fill it out, number the en your other schedules. Yo | are equally responsible for supplying correct tries, and attach it to this page. On the top of a u have nothing else to report on this form. Schedule A/B: Property (Official Form 106A/B) | ny |
| exa | | nt, vehicle lease, ce | · · · | | Then state what each contract or lease is for (function booklet for more examples of executory co | |
| P | erson or | company with who | m you have the contract or le | ease | State what the contract or lease | e is for |
| 2.1 | | | | | | |
| | Name | | | | | |
| | Nimber | Ohh | | | | |
| | Number | Street | | | | |
| | City | | State Zip 0 | Code | | |
| 2.2 | | | | | | |
| | Name | | | | | |
| | Number | Street | | | | |
| | rambo | 54.551 | | | | |
| | City | | State Zip 0 | Code | | |
| 2.3 | | | | | | |
| | Name | | | | | |
| | Number | Street | | | | |
| | | | | | | |
| | City | | State Zip (| Code | | |
| 2.4 | | | | | | |
| | Name | | | | | |
| | Number | Stroot | | | | |
| | Number | Street | | | | |
| | City | | State Zip 0 | Code | | |
| 2.5 | | | | | | |
| | Name | | | | | |
| | Number | Street | | | | |
| | | | | | | |

State Zip Code

City

Case 18-03867 Doc 1 Filed 02/13/18 Entered 02/13/18 12:31:11 Desc Main

| Fill in this in | formation to identif | y your case: | |
|---------------------|------------------------|---------------------------------|-----------------|
| Debtor 1 | Johnta | Antione | Montgomery |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Marquita | Yvette | Montgomery |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for t | ne: <u>NORTHERN</u> District of | <u>ILLINOIS</u> |
| | | | (State) |
| Case Number | r | | |
| (If known) | | | |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| ally F | any Additional Pages, write your name and case number (it known). Answer every question. | | | | | | | | |
|-------------|---|---|--|--------------------|---|--|--|--|--|
| 1. [| 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) | | | | | | | | |
| | No. | | | | | | | | |
| | Yes | | | | | | | | |
| | Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Lousiiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | | | | | | | | |
| | No. Go to line 3. | | | | | | | | |
| | Yes | | ouse, or legal equivalent live with you at th | ne time? | | | | | |
| | F | No | to ar tarritary did you live? | Fill in the | e name and current address of that person. | | | | |
| | _ | Tes. Inwiner community sta | ite of territory and you live? | FIII III UR | e fiame and current address of that person. | | | | |
| | | Name of your spouse, former spouse of | or legal equivalent | | | | | | |
| | | Number Street | | | | | | | |
| | | City | State | Zip Code | | | | | |
| 3. I | n Colu | mn 1, list all of your codebto | rs. Do not include your spouse as a cod | ebtor if your spou | use is filing with you. List the person | | | | |
| | | _ | only if that person is a guarantor or cos | | = | | | | |
| | | ile D (Οπιсιαι Form 106D), Sc ile E/F, or Schedule G to fill c | hedule E/F (Official Form 106E/F), or Sci out Column 2. | nedule G (Official | Form 106G). Use Schedule D, | | | | |
| | | • | | | | | | | |
| | Colur | nn 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt | | | | |
| | | | | | Check all schedules that apply: | | | | |
| 3.1 | | | | | Schedule D, line | | | | |
| | Name | 3 | | | Schedule E/F, line | | | | |
| | Numi | ber Street | | | Schedule G, line | | | | |
| | City | | State | Zip Code | | | | | |
| 3.2 | | | | | Schedule D, line | | | | |
| | Name | • | | | Schedule E/F, line | | | | |
| | Num | ber Street | | | Schedule G, line | | | | |
| | City | | State | Zip Code | | | | | |
| 3.3 | | | | | Schedule D, line | | | | |
| | Name | 3 | | | Schedule E/F, line | | | | |
| | Numi | ber Street | | | Schedule G, line | | | | |
| | City | | State | Zip Code | | | | | |

| Fill in this information to identify your case: | | | | | | | |
|---|------------|-------------|------------|--|--|--|--|
| Debtor 1 | Johnta | Antione | Montgomery | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | Marquita | Yvette | Montgomery | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |

| Che | ck if this is: | | |
|-----|--|--|--|
| | An amended filing | | |
| | A supplement showing post-petition chapter 13 income as of the following date: | | |
| | MM / DD / YYYY | | |

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Describe Employment | | | | | | |
|---|--|--|--------------------|--------------|--|-----|--|
| 1. | Fill in your employment information | | Debtor 1 | | Debtor 2 or non-filing spouse X Employed Not employed | | |
| | If you have more than one job, attach a separate page with information about additional employers. | ch a separate page with rmation about additional Employment status | | ı | | | |
| | Include part-time, seasonal, or self-employed work. | Occupation | Driver | | Sterile Processing NorthShore University Health Systems | | |
| | Occupation may Include student or homemaker, if it applies. | Employers name | PreFlight LLC | | | | |
| | | Employers address | 200 N. LaSalle Ste | e. 1400 | 1301 Central St. | St. | |
| | | | Chicago, IL 60612 | ! | Evanston, IL 60201 | | |
| | | | | | Since 11/1/2017 | | |
| | | How long employed there? | Since 1/1/2008 | | | | |
| Part 2: Give Details About Monthly Income | | | | | | | |
| | Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. | | | | | | |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | | |
| 2. | List monthly gross wages, salary and commissions (before all payre deductions). If not paid monthly, calculate what the monthly wage wou | | • | \$2,020.44 | \$2,691.00 | | |
| 3. | Estimate and list monthly overting | пе рау. | | \$0.00 | \$0.00 | | |
| 4. | Calculate gross income. Add line | 2 + line 3. | | \$2,020.44 | \$2,691.00 | | |

 Official Form 106I
 Record # 759872
 Schedule I: Your Income
 Page 1 of 2

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Case Number (if known) Document Montgomery Johnta Antione Debtor 1 First Name Middle Name Last Name

| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|----------------------------------|--------------------|--|--------------|--------------|-----------------------------------|----------------|
| | Сору | y line 4 here | 4. | \$2,020.44 | \$2,691.00 | |
| 5. L | | payroll deductions: | _ | 4004.75 | 4000.40 | |
| | | ax, Medicare, and Social Security deductions | 5a. | \$231.75 | \$303.18 | |
| | | Mandatory contributions for retirement plans | 5b. | \$0.00 | \$0.00 | |
| | | oluntary contributions for retirement plans | 5c. — | \$0.00 | \$0.00 | |
| | | Required repayments of retirement fund loans | 5d. | \$0.00 | \$0.00 | |
| | | nsurance | 5e. | \$0.00 | \$361.57 | |
| 5f. Domestic support obligations | | | 5f. | \$12.76 | \$0.00 | |
| | _ | Inion dues | 5g. — | \$62.83 | \$0.00 | |
| | | Other deductions. Specify: | 5h. | \$0.00 | \$0.00 | |
| | | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. | 6. | \$307.34 | \$664.76 | |
| | | te total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$1,713.10 | \$2,026.24 | |
| 8. Li : | st all | other income regularly received: | | | | |
| | 8a. | Net income from rental property and from operating a business, | | | | |
| | | profession, or farm | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | |
| | | monthly net income. | 8a. | \$0.00 | \$0.00 | |
| | 8b. | Interest and dividends | 8b. | \$0.00 | \$0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a | 8c. | \$ 0.00 | \$ 0.00 | |
| | | dependent regularly receive | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | | | | |
| | | settlement, and property settlement. | | | | |
| | 8d. | Unemployment compensation | 8d. | \$0.00 | \$0.00 | |
| | 8e. | Social Security | 8e. — | \$0.00 | \$0.00 | |
| | 8f. | Other government assistance that you regularly receive | 8f. | \$0.00 | \$0.00 | |
| | | Include cash assistance and the value (if known) of any non-cash | | | | |
| | | assistance that you receive, such as food stamps (benefits under the | | | | |
| | | Supplemental Nutrition Assistance Program) or housing subsidies. | | | | |
| | | Specify: | | | | |
| | 8g. | Pension or retirement income | 8g. | \$0.00 | \$0.00 | |
| | 8h. | Other monthly income. Specify: | 8h. — | \$0.00 | \$0.00 | |
| 9. | Add | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9 | \$0.00 | \$0.00 | |
| 10. | Calc | ulate monthly income. Add line 7 + line 9. | 10. | \$1,713.10 + | \$2,026.24 | \$3,739.34 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | <u> </u> | V., | ΨΣ,020.24 | ψο,7 ο σ.ο τ |
| 11. | Incluother Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are residue. | our dependen | , | Schedule J. | 11\$0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Ce | | • | applies | 12. \$3,739.34 |
| 13. | | ou expect an increase or decrease within the year after you file this form | | , | • • | <u> </u> |
| | x | | | | | |

| Fi | ill in this ir | nformation to identify | your case: | | | | |
|------------|-------------------------|--|------------------------------|--------------------------------|---|---|----------------------|
| С | Debtor 1 | Johnta | Antione | Montgomery | Check if this is: | | |
| | | First Name | Middle Name | Last Name | An amende | ed filing | |
| | Debtor 2 | Marquita | Yvette | Montgomery | A supplem | ent showing post | -petition chapter 13 |
| (\$ | Spouse, if filing) | First Name | Middle Name | Last Name | income as | of the following d | ate: |
| ι | Inited States | Bankruptcy Court for the | :NORTHERN DISTRICT O | F ILLINOIS | | YYYY | |
| | Case Numbe If known) | r | | _ | | | |
| Oti | ficial C | orm 106 l | | | | filing for Debtor : a separate house | 2 because Debtor 2 |
| <u>UII</u> | <u>liciai F</u> | orm 106J | | | | a separate nouse | noid. |
| Sc | hedul | e J: Your Ex | (penses | | | | 12/15 |
| more | - | needed, attach anothe | | · | equally responsible for supply s, write your name and case nur | = | |
| Pa | rt 1: | Describe Your Househol | d | | | | |
| 1. 1 | ls this a jo | int case? | | | | | |
| | No. (| Go to line 2. | | | | | |
| | X Yes. | Does Debtor 2 live in a | a separate household? | | | | |
| | | X No. | | | | | |
| | | Yes. Debtor 2 mi | ust file a separate Schedule | e J. | | | |
| 2. | Do you | have dependents? | No | | Dependent's relationship to | Dependent's | Does dependent live |
| | Do not li Debtor 2 | st Debtor 1 and | | this information for lent | Debtor 1 or Debtor 2 | age | with you? |
| | Do not s | tate the dependents' | | | Son | 16 | X Yes |
| | names. | tato tilo dopolidonio | | | | | No |
| | | | | | Daughter | 18 | X Yes |
| | | | | | | | |
| | | | | | | | X No |
| | | | | | | _ | Yes |
| | | | | | | | X No |
| | | | | | | | Yes |
| | | | | | | | X No |
| | | | | | | | No No |
| | | | | | | | Yes |
| 3. | - | expenses include | X No | | | | |
| | | es of people other than and your dependents | | | | | |
| | | and your dependents | . Ц | | | | |
| | | Estimate Your Ongoing | | | | | |
| | - | - | · · · | | s a supplement in a Chapter 13 eck the box at the top of the for | - | |
| | applicable | | rupicy is med. If this is a | supplemental ochedule 0, ch | eck the box at the top of the for | in and in in | |
| Incl | ude expen | ses paid for with non- | cash government assista | nce if you know the value | | | |
| of s | uch assist | ance and have include | ed it on Schedule I: Your I | ncome (Official Form 106l.) | | Y | our expenses |
| 4. | The ren | tal or home ownership | expenses for your reside | ence. Include first mortgage p | ayments and | | |
| | any rent | for the ground or lot. | | | | 4. | \$1,300.00 |
| | If not in | cluded in line 4: | | | | - | |
| | 4a. Re | eal estate taxes | | | | 4a. | \$0.00 |
| | 4b. Pr | operty, homeowner's, c | or renter's insurance | | | 4b. | \$0.00 |
| | 4c. Ho | ome maintenance, repa | ir, and upkeep expenses | | | 4c. | \$50.00 |
| | 4d. Ho | omeowner's association | or condominium dues | | | 4d. | \$0.00 |

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Johnta Antione

Middle Name

Debtor 1

First Name

Document Montgomery

Last Name

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Case Number (if known) _

| | | | Your expense | es |
|--------------|---|------|--------------|----------|
| 5. A | Additional Mortgage payments for your residence, such as home equity loans | 5. | | \$0.00 |
| 6. l | Jtilities: | | | |
| 6 | Sa. Electricity, heat, natural gas | 6a. | | \$250.00 |
| 6 | Sb. Water, sewer, garbage collection | 6b. | | \$0.00 |
| 6 | c. Telephone, cell phone, internet, satellite, and cable service | 6c. | | \$300.00 |
| 6 | d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. F | Food and housekeeping supplies | 7. | | \$300.00 |
| 8. (| Childcare and children's education costs | 8. | | \$0.00 |
| 9. (| Clothing, laundry, and dry cleaning | 9. | | \$95.00 |
| 10. F | Personal care products and services | 10. | | \$10.00 |
| 11. I | Medical and dental expenses | 11. | | \$50.00 |
| 12. 1 | ransportation. Include gas, maintenance, bus or train fare. | 12. | | \$264.00 |
| [| Do not include car payments. | | | |
| 13. E | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | | \$0.00 |
| 14. (| Charitable contributions and religious donations | 14. | | \$0.00 |
| 15. I | nsurance. | | | |
| [| Oo not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 1 | 5a. Life insurance | 15a. | | \$0.00 |
| 1 | 5b. Health insurance | 15b. | | \$0.00 |
| 1 | 5c. Vehicle insurance | 15c. | | \$205.00 |
| 1 | 5d. Other insurance. Specify: | 15d. | | \$0.00 |
| 16. 1 | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| 5 | Specify: | 16. | | \$0.00 |
| 17. I | nstallment or lease payments: | | | |
| 1 | 7a. Car payments for Vehicle 1 | 17a. | | \$0.00 |
| 1 | 7b. Car payments for Vehicle 2 | 17b. | | \$0.00 |
| 1 | 7c. Other. Specify: | 17c. | | \$0.00 |
| 1 | 7d. Other. Specify: | 17d. | | \$0.00 |
| 18. \ | our payments of alimony, maintenance, and support that you did not report as deducted | | | |
| f | rom your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | | \$0.00 |
| 19. (| Other payments you make to support others who do not live with you. | | | |
| 9 | Specify: | 19. | | \$0.00 |
| | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | | |
| 2 | 20a. Mortgages on other property | 20a. | | \$ 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| 2 | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

Official Form 106J Record # 759872 Case 18-03867 Doc 1 Filed 02/13/18 Entered 02/13/18 12:31:11 Desc Main Document Page 38 of 65

Johnta Antione Debtor 1 Case Number (if known) First Name Middle Name Last Name \$20.00 Pet Care (\$20.00), 21. 21. Other. Specify: _ \$2,844.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. \$3,739.34 Copy line 12 (your comibined monthly income) from Schedule I. 23a. \$2,844.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$895.34 Subtract your monthly expenses from your monthly income. 23c. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Yes. Explain Here:

Official Form 106J Record # 759872 Schedule J: Your Expenses

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| Fill in this in | formation to iden | tify your case: | |
|---------------------------|-------------------|-------------------------------------|---------------------|
| Debtor 1 | Johnta | Antione | Montgomery |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Marquita | Yvette | Montgomery |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| | | the : <u>NORTHERN</u> District of _ | ILLINOIS (State) |
| Case Number (If known) | r | | _ |
| (| | | |

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. In the penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. In the penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. In the penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. In the penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. In the penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. In the penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. In the penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. In the penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. In the penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. In the penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | Sign Below | | |
|---|--|--|--|
| No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. ★ IsI Johnta Antione Montgomery Signature of Debtor 1 Signature of Debtor 2 Date 02/05/2018 Date 02/05/2018 Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). **Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). **Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). **Description** **Description** **Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). **Description** **Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). **Description** * | Did you pay or agree to pay someone who is NOT a | attorney to help you fill out bankruptcy forms? | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. Is Johnta Antione Montgomery Signature of Debtor 1 Signature of Debtor 2 | | | |
| x /s/ Johnta Antione Montgomery Signature of Debtor 1 Date 02/05/2018 Signature of Debtor 2 Date 02/05/2018 Signature of Debtor 2 | Yes. Name of Person | | |
| x /s/ Johnta Antione Montgomery Signature of Debtor 1 Date 02/05/2018 Signature of Debtor 2 Date 02/05/2018 Signature of Debtor 2 | | | |
| x /s/ Johnta Antione Montgomery Signature of Debtor 1 Date 02/05/2018 Signature of Debtor 2 Date 02/05/2018 Signature of Debtor 2 | | | |
| Signature of Debtor 1 Signature of Debtor 2 Date 02/05/2018 Date 02/05/2018 | | summary and schedules filed with this declaration and that they are true and | |
| Signature of Debtor 1 Signature of Debtor 2 Date 02/05/2018 Date 02/05/2018 | | | |
| Date 02/05/2018 Date 02/05/2018 | ✗ /s/ Johnta Antione Montgomery | ✗ /s/ Marquita Yvette Montgomery | |
| | Signature of Debtor 1 | Signature of Debtor 2 | |
| | 00/05/0040 | 00/05/0040 | |
| IVIIVI / DD / TTTT | | 2419 | |
| | IVIIVI / UU / TTYY | IVIIVI / DD / TTTT | |

| Fill in this information to identify your case: | | | | | |
|---|------------------------------|-------------------|---------------------------------|--|--|
| Debtor 1 | Johnta | Antione | Montgomery | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Marquita | Yvette | Montgomery | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the : _ | NORTHERN District | t of <u>ILLINOIS</u> (State) | | |
| Case Number (If known) | | | | | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| numbe | number (If known). Answer every question. | | | | | | |
|--------------|---|-------------------------------|-------------|-------------------------------|--|--|--|
| Pa | Give Details About Your Marital Status and Where Yo | ou Lived Before | | | | | |
| 01. V | /hat is your current marital status? | | | | | | |
| | Married | | | | | | |
| | Not married | | | | | | |
| | | | | | | | |
| _ | uring the last 3 years, have you lived anywhere other tha No. | n where you live now | a. | | | | |
| _ | Yes. List all of the places you lived in the last 3 years. Do | o not include where yo | u live now. | | | | |
| | | | | | | | |
| | Debtor 1 | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there | | | |
| p | vithin the last 8 years, did you ever live with a spouse or roperty states and territories include Arizona, California, | | | | | | |
| | nd Wisconsin.) No. | | | | | | |
| _ | Yes. Make sure you fill out Schedule H: Your Codebtors | (Official Form 106H). | | | | | |
| | | | | | | | |
| Pai | Explain the Sources of Your Income | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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Page 41 of 65 Document Debtor 1 Johnta Antione Montgomery Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, 2,995 \$1,907.69 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, 20,010 Wages, commissions, \$25,000(est) For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2017) Operating a business Operating a business Wages, commissions, 14,995 Wages, commissions, \$40,293 For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) \$1,236.99 TTD From January 1 of current year until the date you filed for bankruptcy: List Certain Payments You Made Before You Filed for Bankruptcy

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Page 42 of 65 Document Johnta Antione Montgomery Case Number (if known) Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment Include creditor's name payment Identify Legal actions, Repossessions, and Foreclosures Part 4: Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No. Yes. Fill in the details. Nature of the case Status of the case Court or agency 10 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11 Yes. Fill in the information below.

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| ebtc) | or 1 | Johnta | Antione | Montgomery | Case Number (if I | known) | |
|-------|-------|--|--|--|-------------------------------|-----------------------------|--------------------------------------|
| | | First Name | Middle Name | Last Name | | | |
| 11 | | | ou filed for bankruptcy, di nent because you owed a | d any creditor, including a bank or fin debt? | ancial institution, set off a | any amounts from y | our accounts |
| | | No. Go to line 11 | | | | | |
| 10 | _ | Yes. Fill in the informa | | | | | |
| 12 | cou | rt-appointed receiver | , a custodian, or another | any of your property in the possession official? | on of an assignee for the i | benefit of creditors, | а |
| | | | | | | | |
| P | art 5 | List Certain Gifts | and Contributions | | | | |
| 13 | With | hin 2 years before yo | u filed for bankruptcy, did | you give any gifts with a total value | of more than \$600 per per | rson? | |
| | _ | No. | | | | | |
| 14 | _ | Yes. Fill in the details hin 2 years before you | - | l you give any gifts or contributions w | vith a total value of more t | than \$600 to any ch | arity? |
| | _ | No. | | , , , , | | • | • |
| | | Yes. Fill in the details | for each gift. | | | | |
| P | art 6 | List Certain Loss | es | | | | |
| 15 | | hin 1 year before you nbling? | filed for bankruptcy or si | nce you filed for bankruptcy, did you | lose anything because of | theft, fire, other dis | saster, or |
| | | No. | | | | | |
| | | Yes. Fill in the details | for each gift. | | | | |
| P | art 7 | List Certain Payn | nents or Transfers | | | | |
| 16 | con | sulted about seeking | bankruptcy or preparing | you or anyone else acting on your be a bankruptcy petition? ers, or credit counseling agencies for | | | ou |
| | П | | p.opu. | o.o, o. o.ou oououg ugoo.o | | | |
| | = | Yes. Fill in the details | | | | | |
| | ı | Party Contact Info | | Description and value of any prop | perty transferred | Date payment or transfer | Amount of payment |
| | | Geraci Law L.L.C. | | | | | Payment/Value: \$4,000.00: \$0.00 |
| | | 55 E. Monroe Street | #3400 | | | | paid prior to filing, |
| | | Chicago,IL 60603 | | | | | balance to be paid through the plan. |
| | | | | | | | |
| | | | | | | | |
| | | Party Contact Info | | Description and value of any prop | perty transferred | Date payment or transfer | Amount of payment |
| | | Hananwill Credit Co | unseling | Credit Counseling Services | | 2018 | \$25.00 |
| | | 115 N. Cross St. | | | | | |
| | | Robinson, IL 62454 | | | | | |
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| Debte | or 1 | Johnta | Antione | Montgomery | Case | Number (if known) | | |
|-------|---------------|---|----------------------|--|-------------------------------|--|---|--|
| | | First Name | Middle Name | Last Name | | | | |
| 17 | pron | - | ith your credito | y, did you or anyone else acting on rs or to make payments to your cre you listed on line 16. | | sfer any property to any | one who | |
| | ■ No. | | | | | | | |
| | _ | Yes. Fill in the details. | | | | | | |
| 18 | tran | sferred in the ordinary c | ourse of your bu | cy, did you sell, trade, or otherwise usiness or financial affairs? | | | | |
| | Do r | not include gifts and tran | | made as security (such as the gra ave already listed on this statemer | • | est or mortgage on you | r property). | |
| | _ | No. Yes. Fill in the details for | each gift. | | | | | |
| 19 | | nin 10 years before you f eficiary? (These are ofte | - | tcy, did you transfer any property trotection devices.) | to a self-settled trust or s | similar device of which | you are a | |
| | 1 | No. | | | | | | |
| | | Yes. Fill in the details for | each gift. | | | | | |
| F | art 8: | List Certain Financia | l Accounts, Instru | ıments, Safe Deposit Boxes, and Sto | rage Units | | | |
| 20 | sold Incli | l, moved, or transferred? ude checking, savings, r | ? money market, o | were any financial accounts or in r other financial accounts; certifications, and other financial institut | ates of deposit; shares in | · • | | |
| | | No. | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |
| 21 | casi | you now have, or did you h, or other valuables? No. | u have within 1 y | ear before you filed for bankruptcy | y, any safe deposit box o | or other depository for s | securities, | |
| | \Box | Yes. Fill in the details. | | | | | | |
| | | | | Who else had access to it? | Describe the conte | nts | Do you still have it? | |
| 22 | Have | e you stored property in | a storage unit o | r place other than your home with | in 1 year before you filed | for bankruptcy? | | |
| | | | | | | | | |
| | ⊔` | Yes. Fill in the details. | | Who else has or had access to it? | Describe the conte | nts | Do you still | |
| | | | | | | | have it? | |
| F | art 9: | Identify Property You | Hold or Control | for Someone Else | | | | |
| 23 | • | you hold or control any բ someone. | property that so | neone else owns? Include any pro | perty you borrowed fron | n, are storing for, or ho | ld in trust | |
| | = | No. | | | | | | |
| | ⊔` | Yes. Fill in the details. | | Where is the property? | Describe the prope | rty | Value | |
| | | | | | | | | |
| | | | | | | | | |
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Case Number (if known) _

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Antione

Montgomery

| | First Name | Middle Name Last Name | | | | | | |
|-----|---|--|---|--------------------|--|--|--|--|
| P | Give Details About Envir | ronmental Information | | | | | | |
| For | the purpose of Part 10, the follo | wing definitions apply: | | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | |
| | Site means any location, facility, it or used to own, operate, or uti | | ronmental law, whether you now own, operate, or | utilize | | | | |
| | = | hing an environmental law defines as a pollutant, contaminant, or similar term. | hazardous waste, hazardous substance, toxic | | | | | |
| Rep | port all notices, releases, and pro | oceedings that you know about, regard | less of when they occurred. | | | | | |
| 24 | Has any governmental unit noti | ified you that you may be liable or poter | ntially liable under or in violation of an environmer | ntal law? | | | | |
| | No. | | | | | | | |
| | Yes. Fill in the details. | Governmental unit | Environmental law, if you know it | Date of notice | | | | |
| 25 | Have you notified any governme | ental unit of any release of hazardous r | material? | | | | | |
| | No. | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | | Governmental unit | Environmental law, if you know it | Date of notice | | | | |
| 26 | Have you been a party in any ju | udicial or administrative proceeding und | der any environmental law? Include settlements an | d orders. | | | | |
| | No. | | | | | | | |
| | Yes. Fill in the details. | Court or agency | Nature of the case | Status of the case | | | | |
| | | | | | | | | |
| P | Give Details About Your | Business or Connections to Any Business | | | | | | |
| 27 | | * ** | s or have any of the following connections to any I | ousiness? | | | | |
| | | -employed in a trade, profession, or oth | • | | | | | |
| | = | ability company (LLC) or limited liability | / partnership (LLP) | | | | | |
| | A partner in a partnershi | ip nanaging executive of a corporation | | | | | | |
| | _ | of the voting or equity securities of a co | orporation | | | | | |
| | No None of the charge could | O- t- D-+ 40 | | | | | | |
| | No. None of the above applied Yes. Check all that apply about | es. Go to Part 12. ove and fill in the details below for each b | usiness. | | | | | |
| | | | | | | | | |
| 28 | Within 2 years before you filed institutions, creditors, or other | | statement to anyone about your business? Include | le all financial | | | | |
| | No. | | | | | | | |
| | Yes. Fill in the details. | Date issued | | | | | | |
| | | Date issued | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

Johnta

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ebtor 1 Johnta Antione Montgomery Case Number (if known) ______

| Part 12: | Sign Below | | | | | |
|----------|--|--|--|--|--|--|
| answers | I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | | |
| 🗶 /s/ | Johnta Antione Montgomery | /s/ Marquita Yvette Montgomery | | | | |
| | gnature of Debtor 1 | Signature of Debtor 2 | | | | |
| Da | te <u>02/05/2018</u> MM / DD / YYYY | Date <u>02/05/2018</u> MM / DD / YYYY | | | | |
| Did you | attach additional pages to Your Statement of Financial Affairs | for Individuals Filing for Bankruptcy (Official Form 107)? | | | | |
| No | | | | | | |
| Yes | | | | | | |
| Did you | Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? | | | | | |
| No | | | | | | |
| Yes | . Name of person | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | |
| | | | | | | |

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B2030 (Form 2030) (12/15)

Date: 02/07/2018

Date

United States Bankruptcy Court

NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In | re |
|----|----|
| | |

| Johnta Antione Montgomery and Marquita Yvette | | | Case No: | |
|---|---|-------------------------|----------------------------|-----------------------------|
| Mo | ntgomery / Debtors | | Chapter: | Chapter 13 |
| | DISCLOSURE OF COM | MPENSATION OF A | ATTORNEY FOR DEI | BTOR |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) impensation paid to me within one year before the filing of the dered or to be rendered on behalf of the debtor(s) in contents. | he petition in bankrup | otcy, or agreed to be paid | d to me, for services |
| | For legal services, I have agreed to accept | \$4,000.00 | | |
| | Prior to the filing of this statement I have received | \$0.00 | | |
| | Balance Due | \$4,000.00 | | |
| 2. | The source of the compensation paid to me was: | | | |
| | Debtor(s) Other: (specify) | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | Debtor(s) Other: (specify) | | | |
| 4. | I have not agreed to share the above-disclosed comp of my law firm. | ensation with any oth | er person unless they as | e members and associates |
| | I have agreed to share the above-disclosed compensation of my law firm. A copy of the agreement, together valuached. | _ | - | |
| 5. | In return for the above-disclosed fee, I have agreed to ren case, including: | der legal service for a | ll aspects of the bankru | ptcy |
| | Analysis of the debtor's financial situation, and rend bankruptcy; | dering advice to the de | ebtor in determining wh | ether to file a petition in |
| | b. Preparation and filing of any petition, schedules, stat | tements of affairs and | plan which may be req | uired: |
| | c. Representation of the debtor at the meeting of credit | | | |
| 6. | By agreement with the debtor(s), the above-disclosed fee | does not include the | following service: | |
| | C | ERTIFICATION | | |
| | I certify that the foregoing is a complete | statement of any agre | | or |
| | payment to me for representation of the debto | or(s) in this bankrupto | y proceedings. | |

Record # 759872 **Page 1 of 1**

/s/ Christopher Michael Dyer

Signature of Attorney

Geraci Law L.L.C.

Name of law firm

Case 18-03867 Doc 1 Filed 02/13/18 Entered 02/13/18 12:31:11 Desc Main CHAPTER 13 PLAN ACKNOWLEDGMENT

| I, <u>Solunto</u> Chapter 13 pla | Montgomeral Man with my attorney, and | CTGUTG Mo | MHQ Me hereby acknowledge hereby hereby acknowledge hereby hereby hereby hereby acknowledge hereby h | owledge that I hav sed: | e reviewed my |
|-------------------------------------|--|--|--|----------------------------|---|
| The total amou least <u>らし</u> m | unt to be paid to the Trus onths. This amount may ease if I am required to t | tee is estimated to change depending | o be \$ <u>47 ; 750 </u> | will pay \$ <u>\$75</u> | _ per month for at unt I am required |
| Any scheduled | d increases are as follow | s: <u>NA</u> | | | |
| This includes: | | | | | a - A- |
| 1. These | e vehicles: ZOIL CH | EUY MAU | BU + 2015 CF | 1EUT LMI | サレバ |
| 2. These | e other secured debts: | NA | | - 1 T | |
| 3. Tax de | ebt of \$ 1500 | Support debt of | \$ <u> </u> | ortgage arrears of | \$ <u>0,60</u> |
| 4. Other: | : VNSECUED | DEST | | | |
| Mortgages ar | e provided for as follow | vs: | | | TO DAY |
| Paid | direct to the creditor eve | ry month | Included in my pla | n payment | JIVI TVINIA |
| All of my deb | ts are being paid in my | Chapter 13 exce | pt the following that | l am paying dire | et: |
| 11/A T | he following vehicle(s): _ | NA | | | |
| | | PAYING | IN DEFERMI | ENT | N/A |
| N/A-0 | Other: | | | | |
| OTHER TERM | MS | | | | |
| my payments have been pai | understand that my attor and my case is dismisse id as much as they may l y case is dismissed or co | d or converted be have otherwise be | fore those fees are pa | id, any secured c | reditors will not |
| SM MMu from my check | understand my plan payn k, I <u>must</u> set it aside and | nents start with my send it to the Trus | / first paycheck after fi | ling. If the payme | nt is not deducted |
| IM MM | must pay the Trustee an | y non-exempt pro | ceeds I receive from a | ny cause of actio | n. |
| JM MWI | will notify my attorneys if eritance, or otherwise be | I am injured, have | the right to sue anyo | ne for any reasor | , win the lottery, |
| Su Muy | must be signed up for cli | ent corner and tex | ting so my attorneys | can communicate | with me. |
| | <u>will</u> notify my attorneys if | | | | |
| SM MMI | must provide my attorne nless my attorney specific | s copies of my ta | x returns every year, a | and <u>will turn over</u> | my tax refund to |
| Other: | | | | | |
| | | | | | |
| × MA | Magome | eg × Ma | i Jamondy | mey Date: | 2-5-B |
| | For Geraci La | w: X | V | Date: | , |

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UNITED SPACES BANKEU 1976 COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



- Case 18-03867 Doc 1 Filed 02/13/18 Entered 02/13/18 12:31:11 Desc Mair 3. Personally review with the debto DocUmenthe conspleted petation, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

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- Case 18-03867 Doc 1 Filed 02/13/18 Entered 02/13/18 12:31:11 Desc Main 2. Inform the debtor that the debtor Proceeding Part 5th Me case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307 (a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.



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C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows: purpose: provide some money for attorney without waiting 6 months. Advantage to debtor: costs client less by reducing administrative expense and encouraging efficiency rather than charging by hour and submitting bills.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;



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- Any portion of the retainer that the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank]



Case 18-03867 Doc 1 Filed 02/13/18 Entered 02/13/18 12:31:11 Desc Main F. ALLOWANCE AND PAYMENCE OF TATTORING TO PROPERTY OF THE SAND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$ 4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$310.00
- 3. Before signing this agreement, the attorney has received ,\$ 0.00 toward the flat fee, leaving a balance due of \$ 4,000.00 ; and \$ 310.00 for expenses, leaving a balance due for the filing fee of \$ 0.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 2+2, 18

Signed:

4511Ma

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

Case 18-03867

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Desc Main



Date: 2/1/2018

Consultation Attorney:

Record #: **759-872**

| Attorney Retainer Agreement Chapter 13 |
|---|
| X WMM The undersigned hires Geraci Law L.L.C. for representation in a Chapter 13 bankruptcy. I have signed and received a copy of any |
| "Court Approved Retention Agreement" (CARA) or "Rights and Responsibilities" (RR) between Chapter 13 Debtors and their Attorneys" Any terms that |
| conflict with it are null and void. I agree to comply with those terms. Attorney fees for filed Chapter 13 Bankruptcy shall be \$ or the fee stated in |
| the CARA or RR if applicable. I have been advised of my Chapter 7 alternative and choose to file Chapter 13 instead even though it usually costs more. |
| More, than 1 attorney or paralegal will work on my case. I will use CLIENT CORNER and read all material on it and the Geraci Law Website. |
| FEES: This does NOT INCLUDE court filing cost of \$310, credit counseling or financial management classes. Any amount not paid by me |
| prior to the case being filed shall be paid ahead of creditors through the Chapter 13 Trustee. The CARA fee is a flat fee, but my attorneys may apply to the |
| court for additional fees based on the following hourly rates: Attorney-\$275/hr; Senior Attorney-\$375/hr; Supervising Attorney-\$450/hr; Paralegal-\$85/hr; Senior Paralegal- |
| \$150/hr. if allowed by the CARA or court order, such as excessive work, motions, evidentiary hearings, adversary proceedings or appeals. Fees are "flat fees" |
| and "advance payment retainers" for pre-filing and pre-confirmation work, become property of this firm on payment, and are deposited into the firm's |
| operating account. I can choose to pay on an hourly basis, but flat fee usually results in me paying less. Payments are applied to the "flat fee". If this contract |
| is terminated by either party prior to the filing of the case, we will refund unearned fees. If I close my file, my case is dismissed or breach this contract I agree |
| to pay for the work done. In Wisconsin, I can submit fee disputes to binding arbitration within 30 days with the Wisconsin Lawyers fund for Client |
| Protection(c/o State Bar of Wisconsin, P.O. Box 7158, Madison, WI 53707-7158) I assign to my attorney all amounts tendered as filing fees or court costs and |
| authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed. |
| X M MARY Attorney fees and costs get paid before my creditors before mortgage arrears, and vehicles scheduled to be paid in the plan, start |
| getting paid. Vehicles may be scheduled to get a small payment to cover depreciation each month, like \$15-100, until attorney fees are paid, then the vehicle |
| gets larger payments, so the vehicle is paid in about the same time as it would be if the attorney fees were not first. RESULT: if I fail to complete the plan, I |
| may end up paying my attorney but not as much on my vehicle and mortgage arrears and other creditors, so I will to do my best to complete the plan. |
| X Injury or other claims or property I now have or acquire after filing Chapter 13, I must disclose to Geraci law and the Chapter 13 trustee |
| and to the Bankruptcy Court and my creditors, in a filed amendment and obtain authority to keep them or pay those claims to the Trustee. |
| x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| expenses, assets and debts. The payment or length may need to be increased for all or part of the plan term. The Court, Chapter 13 Trustee or creditors |
| could object to my proposed Chapter 13 payment, which may cause it to increase. I agree to read my petition and plan and study it before signing it so I |
| know what is included, INCLUDING what debts, assets property and exemptions I am claiming, and to make full disclosure to every question |
| X J M MIN TAX REFUNDS or other income during plan: I will send my IRS and state tax returns to my attorney or the Trustee each year. I will turn |
| over refunds, additional income or assets to the Trustee unless I am already paying my creditors 100%. If my income or expenses change, my plan payment |
| may have to change. If I am eligible to receive a tax refund during my Chapter 13, I may have to send it to the Chapter 13 Trustee unless I am specifically |
| advised that I do not need to. If I receive any significant sums of money other than through employment, including but not limited to life insurance proceeds, |
| workers compensation award, personal injury or other court settlement, I MUST notify my attorney immediately and I may have to pay some or all of the funds |
| into my Chapter 13 plan. I will make sure if I get INJURED or get A CLAIM after filing I WILL DISCLOSE IT BY AMENDING MY CASE |
| Plan payment includes all debts I list, unless plan states otherwise: I may be paying some creditors directly. My plan payment does |
| NOT include include future mortgage, rent, condo fees and support payments; criminal fines/court fees; rent/lease arrears; student loan principal and interest |
| unless 100% planned to unsecured creditors, sold property taxes; debts incurred after the case is filed, including any taxes or HOA fees as long as the |
| property is in my name; other student loans; are usually NEVER haid 100% in a Chapter 13, so my student loans will CONTINUE to coorgo interest, and if I don't now |
| The state of the s |
| them directly they will be even larger at the end of the plan, so I have been told about this and I will deal with my student loans myself directly |
| X W Debts not discharged if not paid in full: student loans; educational debts; tax debt interest; unfiled or late filed tax debts; undisclosed |
| debts; support/maintenance debts; debts incurred by fraud, or debts listed in your red folder or found non-dischargeable by a Judge. X |
| |
| state court, or in loan modifications, short sales, etc. Any delay in filing could result in judgments or liens we can't eliminate in bankrupcy. When this case is closed by the Clerkor you receive a discharge, whichever is first, our representation of you ends. |
| Changes after this: I cannot transfer any property or incur any credit or debt without the express permission of my atternoy or the Court |
| Changes after this: I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition. |
| As Discharge If I fail to remain current in a democia current chlication (DCO), as fail to a wife the first the first in the Country of the current in a democial current chlication. |
| No Discharge If I fail to remain current in a domestic support obligation (DSO), or fail to certify to the Court that I have remained current in DSO or mortgage payments, or if I fail to take my financial management class. I have received the 11 USC § 527(a) disclosures on a separate sheet. |
| 2 3 322(a) disclosures on a separate sheet. |
| * Thomas Montgay x 1 Wagan TH BOTTONES |
| Johnta Montgomery (Debtor) Marquita Montgomery (Joint Debtor) |
| x // 1/2/18 |
| Attorney for the Debtor(s) Representing Geraci Law L.L.C. Tev 171129 |
| rev 171129 |
| |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Johnta Antione Montgomery and Marquita Yvette Montgomery / Debtors

In re

Bankruptcy Docket #:

Judge:

| VERIFICATION | ∩ E | CDEDITOD | MATDIV |
|--------------|------------|----------|--------|
| VERIFICATION | OF. | CKEDITOR | |

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 02/05/2018 /s/ Johnta Antione Montgomery

Johnta Antione Montgomery

X Date & Sign

Dated: 02/05/2018 /s/ Marquita Yvette Montgomery

Marquita Yvette Montgomery

X Date & Sign

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

B 201A (Form 201A) (11/11)

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In re Johnta Antione Montgomery and Marquita Yvette Montgomery / Debtors

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

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In re Johnta Antione Montgomery and Marquita Yvette Montgomery / Debtors

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 02/05/2018 | /s/ Johnta Antione Montgomery |
|-------------------|------------------------------------|
| | Johnta Antione Montgomery |
| Dated: 02/05/2018 | /s/ Marquita Yvette Montgomery |
| | Marquita Yvette Montgomery |
| Dated: 02/07/2018 | /s/ Christopher Michael Dyer |
| | Attorney: Christopher Michael Dyer |

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| Debtor 1 | Johnta | Α | Montgomery | Case Number (if | known) |
|---|---|---|---|--|---|
| | First Name | Middle Name | Last Name | | |
| Part 6: | Answer These Question | s for Reporting Purposes | | | |
| | hat kind of debts do ou have? | as "incurred by ar No. Go to line Yes. Go to line Mare your debts money for a busin No. Go to line Yes. Go to line | ne 17. primarily business debts ness or investment or through | onal, family, or household p ? Business debts are debts the operation of the busines | s that you incurred to obtain |
| Ch Do an ex ad are av | re you filing under napter 7? by you estimate that after by exempt property is cluded and iministrative expenses e paid that funds will be ailable for distribution unsecured creditors? | Yes. I am filing u | ng under Chapter 7. Go to line nder Chapter 7. Do you estim ve expenses are paid that fund | ate that after any exempt pr | |
| yo | ow many creditors do u estimate that you ve? | ■ 1-49□ 50-99□ 100-199□ 200-999 | ☐ 1,000-5 ☐ 5,001-1 ☐ 10,001- | 0,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000 |
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| es | ow much do you timate your liabilities be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 millio | \$10,000 00 \$50,000 | 001-\$10 million ,001-\$50 million ,001-\$100 million 0,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 78 | Sign Below | | | | |
| For you | | correct. If I have chosen to file u of title 11, United States under Chapter 7. If no attorney represents this document, I have old I request relief in accord I understand making a feature. | s Code I understand the relief s me and I did not pay or agree btained and read the notice rec lance with the chapter of title 1 alse statement, concealing pro can result in fines up to \$250,0 , 1519, and 3571. | at I may proceed, if eligible available under each chapter to pay someone who is not quired by 11 U.S.C. § 342(b. 1, United States Code, sperperty, or obtaining money country.) | er, and I choose to proceed ot an attorney to help me fill out o). crified in this petition. or property by fraud in connection to 20 years, or both. |

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| Debtor 1 Johnta A Montgomery First Name Metch Name Leaf Name Debtor 2 Marquita Y Montgomery United States Bankruptcy Court for the:NORTHERN_ District ofLLLNOIS | | | | | | |
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| Debior 2 (Seases, Effect) Marguita Y Montgomery Last Name Last Name United States Bankruptcy Court for the:NORTHERN _ District ofILINOIS (State) Case Number | Debtor 1 | Johnta | Α | Montgomery | | |
| United States Bankruptcy Court for the: NORTHERN District of LLINOIS (Joace) Case Number (Ironerry) Check if this is an amended filing Declaration About an Individual Debtor's Schedules 12/15 If we married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Stan Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and | | | | | | |
| United States Bankruptcy Court for the:NORTHERNDistrict ofLLINOIS | | | | | | |
| Case Number Check if this is an amended filing Official Form 106 Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and | | | ao : NODTHEDN Dietrict | t of III INOIS | | |
| Official Form 106 Dec Declaration About an Individual Debtor's Schedules 12/15 It we married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and | | , , | ie. Noithieith District | | | |
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| f two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and | | | | | | |
| You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | Declarat | tion About | an Individual | Debtor's Schedules | 1 | 2/15 |
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| Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and | | | | | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and | Yes. N | lame of Person | | A | | |
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| | Under nenal | ty of perjury I decla | are that I have read the Si | ummary and schedules filed with this | declaration and that they are true and | |
| | • | ty or perjury, r decid | ne maci mave read me se | animaly and conceaned med mar and | | |
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| * Shout Waits * (argundy Montgomere) | | 11 / | // | / \/ \ | | |
| Signature of Debtor 1 Signature of Debtor 2 | × Bl | Prate 11/1 | Tail . | x Marand | g montgomeres | |
| | × 66 | Mat Wi | Jul 3 | Signature of Debtor 2 | la montgomere | |
| Date 2 5 /2018 MM / DD / YYYY Date : 2 / 5 /2018 MM / DD / YYYY | Signature | 2 | my 2 | | | |

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| Debtor | 1 |
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| | | od St | | |

Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

* 3 Mults Mondo

Date / / /2018 MM / DD / YYYY ×

- 2,5

Date 2 / 5 /2018

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

Official Form 107

Yes. Name of person ______. Attach the Bankruptcy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119).

DISCLAIMER Debtors have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signers and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

 (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filling of your bankruptcy case. (2) You FILED your income tax return at least 2

 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District

 Director) (3) You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5 Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs c Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue. and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!

Dated: 2 / 5 /2018

Dated: 2 / 5 /2018

Dated: 2 / 5 /2018

Dated: 3 / 5 /2018

Warquita Y Montgomery

X Date & Sign

X Date & Sign

X Date & Sign

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Johnta A Montgomery and Marquita Y Montgomery / Debtors

Bankruptcy Docket #:

Judge:

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 2 / 5 /2018

Johnta A Montgomer

X Date & Sign

Dated: 🗘 / ු 🗀 /2018

Marguita Y Montgomery

X Date & Sign

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Johnta A Montgomery

Date: 2 / 5 /2018

Date: 🗸 んり /2018

Marquita Y Montgomery

If you checked line 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Form B 201A, Notice to Consumer Debtor(s)

In re Johnta A Montgomery and Marquita Y Montgomery / Debtors

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 1 5 /2018

Johnta A Montgomery

X Date & Sign

Dated: 🗼 / 🗦 /2018

Marquita Y Montgomery

X Date & Sign

Attorney: Jason Makoto Shimotake